

Whitemarsh Township
Indemnification
Waiver

I _____ certify that I do not carry insurance as required under this contract and hereby agree, to the fullest extent permitted by law, _____ on this the ____ day of _____, 20__, to defend, indemnify, pay on behalf of, and save harmless Whitemarsh Township and The Delaware Valley Insurance Trust (DVIT) and their members, trustees, officers and employees, against any and all claims, liability, demands, suits or loss, including attorneys' fees and all other costs connected therewith, arising out of or connected to the services provided by Service Provider under this Contract. The Service Provider's obligation to defend and indemnify shall survive the termination of this Contract.

(signature)