



2664 Riva Road
Annapolis MD 21401
www.aacounty.org/ip
Phone: (410) 222-7730

THIRD PARTY INSPECTION - INSURANCE & HOLD HARMLESS

Each Third Party inspector must provide a valid insurance policy in an amount the Inspections and Permits Code Official determines is necessary to protect the public interest but not less than \$1,000,000 general liability insurance and \$1,000,000 professional liability insurance naming Anne Arundel County, Maryland as additional insured. If using subcontractors for any work performed pursuant to this policy, the Third Party inspector will be responsible for verifying subcontractor insurance and coverages.

The Third Party inspector and agency agree to protect, defend, indemnify and hold the County and elected officials, officials, officers, employees, and agents free and harmless from and against any and all losses, penalties, injuries, liabilities, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of the performance of any work pursuant to this policy. Without limiting the generality of the foregoing, any and all such claims, etc., relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder. The Third Party inspector and agency further agree to investigate, handle, respond to, provide defense for and defend any such claims, etc., at his/her sole expense and agree to bear all other costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

Provide copy of the insurance certificate and this document signed and dated to ipbpri@aacounty.org for authorization, prior to proceeding with the third party certification.

Print name: _____ **Signature:** _____

Date: _____