



LEWISVILLE INDEPENDENT SCHOOL DISTRICT VENDOR INSURANCE ACKNOWLEDGMENT

Vendor (Company/Firm) Name: _____

LISD Bid or Agreement: _____

Brief description of proposed goods and/or services the Vendor provides:

Any individual or organization doing business with Lewisville Independent School District ("LISD" or the "District") is required to provide proof of insurance, including Workers' Compensation Insurance. Required coverages are based on the scope of services within the contract and/or agreement. LISD reserves the right to review and determine necessary insurance limits at any time.

Neither LISD's approval of any insurance certificate or deviation, nor its failure to disapprove such insurance or deviation, shall relieve the Vendor from full responsibility. Vendor understands and agrees to abide by all terms, conditions, rules, regulations, procedures, and policies provided in LISD's Purchase Order Terms and Conditions. LISD's Purchase Order "General Terms and Conditions" are incorporated into this agreement by reference and may be viewed at: Purchase Order General Terms and Conditions.

Vendor acknowledges that the District will NOT provide insurance coverage to Vendor or its employees, subcontractors, agents, representatives, etc. Vendor represents and warrants that all such individuals will be covered by liability and workers' compensation insurance for the duration of the Vendor's agreement with LISD, with coverage based on proper reporting to the applicable insurance carrier(s) and all coverage agreements filed with the appropriate insurance carrier or state regulatory agency.

VENDOR SHALL HOLD THE DISTRICT HARMLESS FROM AND INDEMNIFY IT AGAINST ALL LIABILITY, INCLUDING ATTORNEY'S FEES, ARISING DIRECTLY FROM THE PERFORMANCE OF THE WORK OR ANY OBLIGATION OF VENDOR, OR VENDOR'S FAILURE TO PERFORM ANY WORK OR OBLIGATION PROVIDED FOR IN THIS AGREEMENT. VENDOR HOLDS THE DISTRICT HARMLESS FOR INJURY TO VENDOR AND OTHERS AND DAMAGE TO VENDOR OR DISTRICT PROPERTY AND ACKNOWLEDGES LIABILITY FOR INJURY OR DAMAGE TO THE DISTRICT AND OTHERS, INCLUDING DISTRICT EMPLOYEES.

If Vendor does not have any employees pursuant to IRS guidelines, Vendor may submit a deviation from LISD's Workers' Compensation Insurance requirement. (initials) Vendor hereby represents and warrants that Vendor DOES NOT have any employees pursuant to IRS guidelines and submits a deviation from LISD's Workers' Compensation Insurance requirement. Vendor further represents that all subcontractors, agents, representatives, etc. have received appropriate notice concerning workers' compensation insurance.

Vendor Authorized Representative Name: _____

Vendor Authorized Representative Title: _____

Vendor Authorized Representative Signature: _____ Date: _____