

MAPLEWOOD CONDOMINIUM ASSOCIATION, INC

Property Location: 775-811 Galen Drive, State College, Pennsylvania 16803

WAIVER FORM

FOR CONTRACTORS WORKING IN THE SERVICE OF MAPLEWOOD CONDOMINIUM ASSOCIATION WITHOUT WORKER’S COMPENSATION & EMPLOYERS LIABILITY COVERAGE

CONTRACTOR NAME (please print clearly)		
COMPANY NAME & ADDRESS		
PHONE	FAX	EMAIL
NAME OF MEDICAL/DISABILITY INSURER	ADDRESS OF MEDICAL/DISABILITY INSURER	
PHONE OF MEDICAL/DISABILITY INSURER	POLICY NUMBER	
<p>The contracted work period is covered by the aforementioned insurance policy</p> <p style="text-align: center;">___ YES ___ NO</p>		

INDEMNIFICATION BY CONTRACTOR

I, _____ (contractor name, please print clearly) shall indemnify and hold harmless the MAPLEWOOD CONDOMINIUM ASSOCIATION, and all of its representatives, Board of Directors, and members, from and against any and all liability, responsibility, and expenses related to and stemming from any and all mental and physical injury, as well as any and all consequent disability and loss of income suffered by me, and/or all persons in my charge, while in the conduct of contracted work for and conducted upon MAPLEWOOD CONDOMINIUM ASSOCIATION’S property.

CONTRACTOR SIGNATURE: _____

DATE: _____ (month) _____ (day), 20_____