

**BOROUGH OF LITCHFIELD CONNECTICUT
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
FOR OUTDOOR DINING**

I/We _____ (print full name of Applicant for Permit) the undersigned, hereby state that I am the duly authorized representative of the following restaurant _____ (hereinafter the "Restaurant") and I am authorized to act on behalf of the Restaurant. The Restaurant agrees to assume and shall assume all risk of injury, damage and loss arising from any known, anticipated, unknown, or unanticipated liabilities which may exist or occur as a result of the Restaurant's use of the outdoor dining area located at _____ (address of outdoor dining area), and associated grounds and appurtenances (hereinafter the "Outdoor Dining Area).

The Restaurant further agree(s) to release the Borough of Litchfield, its officers, employees, agents and servants (the "Borough") from any and all claims arising from the use of the Outdoor Dining Area. The Restaurant further agrees to indemnify, defend and hold harmless the Borough of Litchfield and its officers, employees, agents and servants from any and all claims, suits, actions, injuries, death, expenses, damages or loss of any kind and description arising from said use of the Outdoor Dining Area, including those from third parties, for which the Restaurant or the Borough may hereafter be held liable.

The Restaurant further agrees to purchase commercial general liability insurance and maintain coverage for the duration of the Outdoor Dining Area from an insurance company or companies with an A.M. Best rating of A- (VII) or better, in the amount of \$1 million per person and \$3 million per occurrence. The Restaurant shall provide the Borough with an insurance certificate showing such coverage prior to use of the Outdoor Dining Area by the Restaurant. The Borough shall be named as an additional insured on the policy, and not merely a certificate holder.

Dated at the Borough of Litchfield, Connecticut this _____ day of _____, 20_____.

Name of Restaurant: _____

Address of Restaurant: _____

Signatures

Authorized Representative of Restaurant:

Witness:

Duly Authorized (sign)

(sign)

Print Name of Person Signing

Print Name of Witness