



toll free 800.849.0249 phone 919.304.8782 fax 919.304.1163

HOLD HARMLESS COVENANT FOR WORKERS' COMPENSATION

		orkers' Compens	ation (hereinafter refer	
"Agreement")				_, whose
principal	office	is	located	at
			(hereinafter k	
			office is located at 7723	Oakwood
	i, Mebane, NC 27302, (h		· · · · · · · · · · · · · · · · · · ·	
			that under state or fee	
A A	· ·	•	ers' compensation cover	0
	_		ot carry workers' compe	
			the "Broker/Carrier Ag	
_	The state of the s	_	a certificate evidencing	workers'
	nd employers' liability c			
			plete responsibility of ver	
_	_		tion. Carrier further ag	
			conditions of the Broke	
			enance of Workers' Com	
			y and a sufficient financia	
			ure to do so on the part of	of Carrier
	a material breach of the		0	
			complete responsibility	
			ng to any of its personnel	
			claim brought against LJ	K for any
	ed injury or employmen		rmless for all damages of	fany kind
			in status or revocation of	
			and stability to self-insur	
			ntinue to be governed by	
	arrier Agreement.	mineation shall co	numue to be governed by	the terms
	O	or Worker's C	ompensation is execu	ited this
Tills Hold H	day of	or workers c	, 20 . And th	
signing represer		or is specifically a	uthorized to execute this	
on behalf of Car		or is specifically as		
011 2011W11 01 0W1				
Agree to for Car	rier:			
By:				
Name:				
Title:				
Date:				