## 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 Scho"District") is required to provide proof of various insurances, including <i>Workers Insurance</i> . The required coverages are based on the scope of services within the agreement. LISD reserves the right to review and determine the necessary insurance the approval by LISD of any insurance certificate or deviation supplied disapprove that insurance or deviation, shall relieve the Vendor from full response.	s' Compensation ne contract and/or nrance limits at any time. nor the failure to	
Vendor understands and agrees to abide by all terms, conditions, rules, and regular EISD's Purchase Order Terms and Conditions. In addition, the Vendor understands the procedures and policies of the District. Vendor holds the District harmle Vendor and others and damage to the Vendor or District property. The Vendor injury or damage to the District and others, including district employees. Lewis "General Terms and Conditions" are incorporated in this agreement by reference viewed at the following link: <a href="Purchase Order General Terms">Purchase Order General Terms</a> and Conditions	nds and agrees to abide ss for injury to the acknowledges liability for ville ISD's Purchase Order	
Vendor acknowledges the District will NOT provide insurance coverage to Vendor subcontractors, agents, representatives, etc. Vendor represents to the District subcontractors, agents, representatives, etc. of Vendor will be covered by liabi compensation insurance for the duration of Vendor's agreement with LISD, that based on proper reporting to the insurance company(ies), and that all coverage with the appropriate insurance carrier or state regulatory agency.	that all employees, lity and workers' at the coverages will be	
THE VENDOR SHALL HOLD THE DISTRICT HARMLESS FROM AND INDEMNIFY IT AGAINST ALL LIABILITY, NCLUDING ATTORNEY'S FEES, WHICH MAY ARISE FROM AND ACCRUE DIRECTLY FROM THE PERFORMANCE OF THE WORK OR ANY OBLIGATION OF VENDOR OR FAILURE OF VENDOR TO PERFORMANY WORK OR OBLIGATION PROVIDED FOR IN THIS AGREEMENT.		
If Vendor does not have any employees pursuant to IRS guidelines, Vendor mat LISD's <u>Workers' Compensation Insurance</u> requirement.	y submit a deviation from	
(initials) Vendor hereby represent and warrants that Vendor DOES NO pursuant to IRS guidelines and hereby submits a deviation from LISD's <u>Workers Insurance</u> requirement, and all of its subcontractors, agents, representatives, eappropriate notice concerning workers' compensation insurance.	s' Compensation	
Vendor Authorized Representative Name:		
Vendor Authorized Representative Title:		
Vendor Authorized Representative Signature:	Date:	



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	FOR PROCUREMENT A	AND CONTRACTS DEPARTMENT US	
LISD Bid or Agreement:		Commodity Code:	
Other LISD Bid(s) or Ag	reement(s) the Vendor	is listed on:	
Senior Buyer:	Date:	Risk Management:	Date:
Vendor Insurance Ack	nowledgment is:	Approved	Denied
Authorized Representa	itive: <u>Craig Martin</u>		
A 11	itive Title: Executive Dir	rector of Procurement and Contract	<u>s</u>
Authorized Representa			

