

IRON RIVER CONSTRUCTION

HOLD HARMLESS AGREEMENT

(Not Applicable in HI, ID, and NY)

I, the undersigned (“Subcontractor”) do not currently have Workers’ Compensation Insurance because I qualify for one or more of the allowable exemptions listed below. I understand the Workers’ Compensation Insurance is mandatory in Hawaii, Idaho, and New York.

In consideration of the Subcontractors engagement as detailed in the Independent Contractor Agreement and the services provided hereunder, and additional services that may be requested by Iron River Construction, and other valuable consideration, the receipt and sufficiency of which are expressly acknowledged, Iron River Construction, and the Subcontractor hereby agree as follows:

To the fullest extent permitted by law, Subcontractor agrees to defend, indemnify, and hold harmless the following: customers at whose home Subcontractor is performing work; Iron River Construction, and their respective related corporate entities, officers, agents and employees from any and all loss or damage or injury arising out of or resulting from any and all injuries, losses, claims and damages and all costs and expenses, including and without limitation attorney’s fees, and any other liabilities incurred by Stinson Services, Inc’s., customers, and Iron River Construction, arising out of any services provided by Subcontractor or its agent, employees, or Subcontractors, regardless of whether such loss or damage arises from a negligent act or omission of the customer, individual employee, or Iron River Construction

If at any point in the future I am no longer exempt from obtaining Workers’ Compensation Insurance, I will acquire the necessary Workers’ Compensation Insurance before any of my employees are allowed to work on a job for which I have sub-contracted for Iron River Construction, A certificate of insurance will be provided to Iron River Construction, at such time.

Please check only the appropriate boxes (place a check next to each state in which you are allowed to operate). I am a:

Sole Proprietor/ Partnership with no employees that operate in:

<input type="checkbox"/> Alaska	<input type="checkbox"/> Iowa	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Wyoming
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Rhode Island	<input type="checkbox"/>
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> South Dakota	<input type="checkbox"/>
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Tennessee	<input type="checkbox"/>
<input type="checkbox"/> Delaware	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Vermont	<input type="checkbox"/>
<input type="checkbox"/> DC	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Washington	<input type="checkbox"/>

Corporate Officer’s and members of an LLC, who qualify for exemption/exclusion based on guidelines that operate in:

I do hereby attest I am a Corporate Officer or member of an LLC, with no employees. If at any time I hire employees, I must provide Iron River Construction, with proof of Workers’ Compensation for those employees. I have submitted to the State, the required exemption form as indicated below, and have attached a valid copy to this agreement.

<input type="checkbox"/> Alabama (Form Required)	<input type="checkbox"/> Connecticut (Form 6B)	<input type="checkbox"/> Colorado (Form WC43)	<input type="checkbox"/> Florida (DWC 250)
<input type="checkbox"/> Massachusetts (Form 153)	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Vermont (Form 29)

Corporate Officer’s and members of an LLC, who qualify for exemption/exclusion based on guidelines that operate in:

I hereby attest I am a Corporate Officer or member of an LLS, who has employees, by am still allowed to exempt myself, as indicated in the governing State Law. I have workers’ compensation to cover my employees, and have submitted to the State, the required exemption for as indicated below, and have attached a valid copy to this agreement.

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New Hampshire (Form 6WCEX)

Sole Proprietor/Partnership with no employees, that have rejected coverage and submitted the appropriate form and received the attached verification from the state Workers' Compensation Agency that I am exempt and, I have **no employees** and operate in:

Indiana (Form WCE-1) Michigan (Form WC-337) Missouri (Form WC134)

Sole Proprietor/Partnership with two (2) or more employees or less and operate in:

Indiana (Form WCE-1) Michigan (Form WC-337) Missouri (Form WC134)

Sole Proprietor/Partnership with four (4) or more employees or less and operate in:

Arkansas South Carolina

Sole Proprietors, Partnerships, members of an LLC and/or Corporate officers, designated below, who are allowed under current State guidelines to exempt or exclude themselves from workers' comp, and have a valid exemption with Stat, and operate in:

Maine (Form WCB-2C) Texas (Form TWCC-83) Utah (Form WCF1001-3A)

This agreement may not be modified or amended, except in writing executed by an officer of the company. Each party of this Agreement has all requisite legal power and authority to execute and deliver this Agreement which constitutes a legal, valid and binding obligation of each party. This is a Minnesota contract and shall be construed and enforced and governed by the laws of the State of Minnesota, without regard to the conflict of laws principles thereof. The Subcontractor agrees that Minnesota is the appropriate forum for any dispute related to this Agreement and agrees to submit to the jurisdiction of the courts of Minnesota.

By my signature below I warrant that either my company is exempt from carrying Workers' Compensation Insurance for the reasons I have indicated above by my checkmark. I will submit to Iron River Construction, all required affidavits and/or waivers required by state law.

Subcontractor Signature



Contractor Signature

Subcontractor Printed Name

Contractor Printed Name

Company Name

Iron River Construction
586 Bavaria Lane
Chaska, MN 55318

Date

Date