HOLD HARMLESS COVENANT FOR WORKERS' COMPENSATION ADDENDUM

This Hold Harmless Covenant for Workers' Compensation Addendum is made by _____, _____ ("Carrier"), _____ MC#_____, at _____.

By its signature below, Carrier advises and warrants that under state or federal law applicable to Carrier, it is exempt from providing workers' compensation coverage to its employees. As a result of such exemption, Carrier does not carry workers' compensation or employers' liability insurance coverage. Carrier will not be able to provide a certificate evidencing workers' compensation and employers' liability coverage to Dover Services, Inc. ("BROKER").

Carrier is hereby informed that it has the full and complete responsibility of verifying its exempt status and demonstrating such to Broker satisfaction.

Carrier hereby agrees that it will assume full and complete responsibility for compensation of any and all work-related injury occurring to any of its personnel and that Carrier shall fully defend, indemnify and hold harmless BROKER, its officers, directors, agents, employees and controlling persons of BROKER, for any claims, demands, losses, expenses (including costs of investigation and defense and actual attorney fees and expenses), damages or judgments brought against or incurred by BROKER. for any such work-related injury or employment obligations.

Carrier expressly understands and acknowledges that Carrier is performing services as an independent contractor and is not entitled to workers' compensation benefits from BROKER. or its customers, business partners or its and their affiliates.

Further, in the event Carrier's status changes and it is required to maintain Workers' Compensation and Employer's Liability coverage, Carrier shall immediately notify BROKER. in writing of such change. Carrier shall defend, indemnify and hold BROKER. harmless for all damages of any kind whatsoever as set forth in paragraph 4 above, that arise from any misrepresentation, change in status or revocation of Carrier's warranty regarding exemption, coverage or its authority and ability to self-insure.

This Hold Harmless Covenant for Workers' Compensation Addendum is executed this _____, and the person signing represents that he/she has been or is specifically authorized to execute this document on behalf of Carrier. This Addendum shall be construed in accordance with Michigan laws.

Name of Authorized Carrier Representative:

Title: _____

Phone: _____

Email: _____

Date: _____

I, _____, am the _____ for _____ and MC#_____. I am authorized to execute the contract set out above dated DATE & TIME between BROKER. and CARRIER and legally bind the company to the terms and conditions set forth therein. This electronic signature serves as an original and any electronic version and other signatures are incorporated as if originals into the original document. This electronic signature shall have the same force and effect as an original source.

☐ BY CLICKING THE ACCEPTANCE BUTTON, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE AGREEMENT AND AGREE TO THE ENTIRETY OF THE TERMS & CONDITIONS CONTAINED THEREIN. THE AGREEMENT SHALL BE BINDING ON _____. I UNDERSTAND AND ACKNOWLEDGE THAT _____ IS THE "CARRIER " AS THAT TERM IS USED IN THE AGREEMENT.