



2026 SCARSDALE BUSINESS ALLIANCE HOLD HARMLESS/INDEMNIFICATION AGREEMENT

_____ hereby agrees to indemnify and hold harmless the Scarsdale Business Alliance (SBA) and Village of Scarsdale, their administrators, executors, successors, assigns, agents, officers, and employees, from any and all claims, actions, liabilities, losses, damages and costs, including reasonable attorneys’ fees and all other costs of defense, of every name and description arising out **SBA approved events/initiatives** to be held/conducted in the Village of Scarsdale **during the 2026 calendar year.**

_____ will maintain liability insurance issued by an insurance company licensed to do business in the State of New York in form and amount deemed sufficient by the Village Attorney. Prior to the commencement of the event and/or work, _____ shall furnish the Scarsdale Business Alliance and Village of Scarsdale with a Certificate of Insurance as evidence of the required insurance and such certificate shall name the Scarsdale Business Alliance (PO Box 158, Scarsdale, NY 10583) and Village of Scarsdale (1001 Post Road, Scarsdale, NY 10583) as an additional insured. The certificate of insurance naming the Scarsdale Business Alliance and Village of Scarsdale as additional insured must extend coverage to all salaried and non-salaried employees, elected or appointed officials, volunteer organizations or persons. The certificate shall provide for thirty (30) days written notice to the Scarsdale Business Alliance and Village of Scarsdale prior to cancellation thereof. New and current certificates shall be provided at each policy renewal. Insurance coverage must include General Liability: at least \$1,000,000 per occurrence / \$2,000,000 aggregate. If applicable, insurance coverage must also include Commercial Automobile Liability \$1,000,000 combined single limit- each accident. Statutory Workers Compensation limits must also be included. A waiver of subrogation provision should be on the certificate in favor of the Village of Scarsdale in General Liability, Auto (if applicable), and Workers Compensation.

_____ Sworn to before me this Signature

_____ day of _____, 2026 _____

Print Name

Notary Public