



**Insurance Requirements and  
Hold Harmless Agreement  
for Use of Facilities**

Facility Name: \_\_\_\_\_

Date(s)/Time(s) of Use: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_ (\*If a State of Idaho agency) agrees to indemnify and hold harmless the State of Idaho, Lewis-Clark State College, its agents, employees, or any other covered group or individual against loss or expense, including attorney’s fees by the reason of bodily injury, property damage, or personal injury arising out of the negligence of our organization, its employees, or agents. This agreement applies to our organization’s use of Lewis-Clark State College’s facilities

*\* Exception, if this Facility use agreement involves another state of Idaho agency, the agencies understand that each is insured with respect to tort liability by the State of Idaho Retained Risk Account, a statutory system of self-insurance and subject to the Idaho Tort Claims Act. Each agency agrees to accept that coverage as adequate insurance for their tort liability with respect to personal injury and property damage and covered paid claims shall be assessed against the applicable agency’s loss history.*

*If property damage occurs to the LCSC facility, the at fault agency shall be responsible for the property deductible.*

It is further understood that we shall, at the option of Lewis-Clark State College, and/or the State of Idaho, defend with appropriate legal counsel and shall further bear all costs and expenses, including expenses of counsel in defense of any suit arising hereunder.

Our organization also agrees to provide Lewis-Clark State College with a Certificate of Insurance evidencing general liability insurance with limits of at least \$1,000,000 per occurrence for the perils of bodily injury, property damage, and personal injury and naming Lewis-Clark State College and the State of Idaho as additional insureds no later than 10 days before use of the facility. A copy of the additional insured endorsement will be attached to the Certificate.

\_\_\_\_\_  
Signature  
Name (printed/typed):

\_\_\_\_\_  
Date  
Company or Organization:

\_\_\_\_\_  
Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number:  
\_\_\_\_\_