

**OWNER'S REPRESENTATIVE INDEMNIFICATION AGREEMENT FOR RESTRICTIVE COVENANTS,
PERMIT APPLICATIONS, & OTHER REAL PROPERTY RELATED LEGAL INSTRUMENTS**

I, _____ [*insert full legal name*], covenant, warrant, and represent that I am the lawful representative of _____ [*insert property owner's full legal name*], who is the Owner of the property located at _____ [*insert property's address*], and _____ legally described as _____ follows:

_____ [*insert full legal description*].

I further covenant, warrant, and represent that as the lawful representative of _____ [*insert property owner's full name*] I am legally authorized to execute and submit Restrictive Covenants, Permit Applications, as well as any other binding legal documents for the above-described property.

Moreover, I hereby agree to indemnify, defend, and hold harmless the City of Coral Gables, its commissioners, attorneys, officers, consultants, agents, and employees from and against all claims, damages, losses, and expenses direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting, in whole or in part, from the City of Coral Gables' acceptance and reliance upon my covenants, warranties, and representations contained herein. I also agree that nothing in this Indemnification and Hold Harmless provision shall be considered to increase or otherwise waive any limits of liability, or to waive any immunity, established by Florida Statutes, case law, or any other source of law afforded to the City of Coral Gables, its commissioners, attorneys, officers, consultants, agents, and employees.

BY SIGNING THIS AGREEMENT THE UNDERSIGNED WARRANTS AND AGREES THAT SHE/HE HAS THE AUTHORITY TO ENTER INTO THIS AGREEMENT AND HAS CONSULTED WITH AN ATTORNEY OR KNOWINGLY WAIVED THE RIGHT TO DO SO, AND FULLY UNDERSTANDS, ACCEPTS, AND AGREES TO THE TERMS CONTAINED HEREIN.

EXECUTED BY:

WITNESSED BY:

Signature

Signature

Print Name & Title

Print Name

NOTARIZATION

**STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)**

The foregoing instrument was acknowledged to me this ____ day of _____, 20____, by _____ who is personally known to me or has produced a _____ as identification.

My Commission expires:

Notary Public, State of Florida