



Malpractice/Liability Insurance Verification Form

I hereby verify that I have malpractice and/or liability insurance that covers any and all of my activities related to jobs that I will be placed in by Habec Dental Temp Agency Staffing, .

I understand that this malpractice and/or liability insurance must be active during the performance of any activities related to jobs that I will be placed in by Habec Dental Temp Agency Staffing, .

I understand and agree that my failure to fulfill any of the obligations set forth in this agreement and/or my violation of any terms of this agreement may result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

To the fullest extent permitted by law, I agree to defend (including attorney's fees), pay on behalf of, indemnify, and hold harmless Habec Dental Temp Agency Staffing, , its elected and appointed officials, employees and volunteers and others working on behalf of Habec Dental Temp Agency Staffing, against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Habec Dental Temp Agency Staffing, , its elected and appointed officials, employees, volunteers or others working on behalf of Habec Dental Temp Agency Staffing, , by reason of personal injury, including financial loss, damage to reputation, bodily injury or death and/or property damage, including loss of use thereof, or any other type of loss, which arises out of or is in any way connected or associated with my failure to live up to the conditions of this contract.

Printed Name	
Signature	Date