

CORPORATION INDEMNIFICATION AGREEMENT

<u>CORPORATION IN</u>	IDEMINIFICATION AGREEME	<u>:N I</u>	
Please check to indicate company is a*: ** TTC can only pay Loan Outs that are "C" or "S" Corporations indemnification you are certifying that you meet these requirements	or are LLC's that pay their taxes	nited Liability Company (LLC) s as "C" or "S" Corporations.	By filling out this
As an inducement to The TEAM Companies, LLC ("TTC"), to $*$	o make payments to the Corp ("Comp	•	•
*	("Employee") on its behalf w	ithout withholding federal or	state payroll or any
other applicable employer or employee taxes, Company and Employ	ee, jointly and severally, represen	t, warrant, and agree as follow	s:
 Valid Corporation or LLC: Company is a duly organized and val standing in the state of its organization, and is qualified to do but valid, and signed W-9 on behalf of Company is attached hereto ar or as an LLC designated as an S or C company for tax purposes partnership. Company will provide to TTC a copy of Company information or tax compliance documentation relatinghereto. 	siness in each state or jurisdiction nd made a part hereof. Company ro . Company represents that it does	in which it is required to be so epresents that it pays taxes as a so not file taxes as an individua	qualified. A current an S or C corporation II, sole proprietor or
2 <u>Authorized Officer of Company</u> : Employee is an officer of Comp		ontracts on behalf of Company	, to act on behalf of
Company, and to enter into binding agreements on Company's b 3. Company is Employee's Employer: Payments to Company or Emby Employee are not subject to withholding of any state, federal, Company's employee, and Employee renderings services on its payments hereunder including, without limitation, tax obliging.	ployee by TTC on behalf of itself, or other income, employment, or behalf, and is responsible for all a	any other taxes of any kind or pplicable employer tax obligat	nature. Employee is ions with respect to
 unemployment taxes, and all federal, state or local tax codes. Company is responsible for remitting taxes: In connection with prequired by federal, state, and local statute, code, or law includes the code of the code. 			
withholding, and payment to all applicable taxing authorities of Employee hereunder, and payment of any and all assessments, ta as may be required by applicable federal, state or local agencies	ixes, contributions or other sums, i		
 Company is Employer for Unemployment Claims: Employee furt applicable unemployment taxes, claims for unemployment ben Accordingly, Employee understands and agrees to not file a claim employer. 	efits would name Company as the	e employer and <u>not</u> TTC or its	affiliates or clients
 Change in Status: Company agrees to notify TTC, in writing, of at tax purposes of Employee or any individual(s) represented as ren 	-	cause Company to not be the	employer for payrol
7. Indemnification and Hold Harmless: Company and Employee, defend, indemnify and hold harmless TTC, its parent, its clients shareholders, employees, agents, management company, succest to any taxing authority arising from or in connection with any panature, including but not limited to accountants' fees and costs any audit, assessment, settlement, or litigation of claims or asses withhold, deduct and remit any amounts in respect of TTC's payr	and the Company's partners, em, and related and affiliated entities sors and assigns, from and agains yments made by TTC to Company and attorneys' fees and costs, whertions by any taxing authority that	es, and each of their respective st any and all taxes, interest, are and any and all costs and expension inch TTC or its clients may incure at TTC on behalf of its clients is	e officers, directors nd penalties payable enses, of any kind or r in connection with s or was required to
 Audits: If audited in respect of payments made hereunder, Comp documentation as may be requested or required and TTC shall re authorities or agencies its records of payments to Company, alo not be construed as a violation of any right to privacy or breach of 	oany and Employee agree to coope lease to the auditors conducting s ng with a copy of this Indemnifica	erate fully and promptly and pro uch audit on behalf of federal,	ovide any records or state, or local taxing
9. No Expiration: This Agreement shall remain in full force and effe	ct in perpetuity.		
Under penalty of perjury, I certify that the forgoing is true and corr authorized to enter into binding agreements on behalf of the Compa deemed to be an original signature for all purposes.	_	•	•
*Signature of Employee as Individual & Corporate Officer (Parent/Guardian signature if Employee is a Minor)	*Full Company Name	_	
*Name (Please print or type legibly) Corporate Officer/Individual	*Federal ID #	*State of Inc./ F	Registration
*Date	*Company Street Address		
	*City	* State	*Zip
	*Email	<u> </u>	

*Telephone