

**PLEASE READ**

**(Rehabilitation and Repair Applicants)**

**PALM BEACH COUNTY DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT  
Mortgage and Housing Investments Division**



**INSURANCE/MOLD REMEDIATION HOLD HARMLESS AFFIDAVIT**

**Whereas**, I/We understand and agree that I/We must provide Palm Beach County (County) with a copy of my/our current Homeowner's Hazard Insurance Policy. If the exterior of my/our home is covered by Home Owners Association (HOA) I/We will provide a copy of the insurance binder and a copy of my/our contents insurance policy.

**Whereas**, I/We understand and agree that in order to receive approval for the rehabilitation of my/our roof, I/We must have a valid Homeowner's Hazard Insurance with sufficient coverage for the assisted property.

**Whereas**, I/We understand and agree that my/our Homeowner's Hazard Insurance policy must be in effect during and after the close-out of the County's rehabilitation. If the insurance policy is set to expire 60 days after the date of intake, I/We also understand that it is my/our responsibility to provide an updated valid Hazard Insurance Policy prior to its expiration. Also it is a requirement to maintain valid insurance throughout the affordability period.

**Whereas**, I/We understand and agree that if a determination of MOLD or suspicion of MOLD exists, the cost of MOLD remediation must be covered by my/our homeowner's Insurance policy or at my/our own expense. The County will held harmless for all assessments and remedies.

**NOW, THEREFORE**, in consideration of the financial assistance provided to me/us by the County, I/We will hold harmless and release the County from any and all expenses incurred by me/us and the agencies acting on my/our behalf.

**Additionally**, I/We understand and acknowledge that the County will not reimburse nor pay any funds to cover my/our Homeowner's Insurance Premium now or in the future that may result from buying Homeowner Insurance for the purpose of program funding.