



# SafePath Indy Housing

## Application Intake Form

### Transitional and ReEntry Housing Application

#### Basic Information

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social security Number: \_\_\_\_\_

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

City, State, Zip, County: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated

Children: \_\_\_\_\_ How Many? \_\_\_\_\_ Age's: \_\_\_\_\_

Do you have a driver's license? \_\_\_ Yes \_\_\_ No If yes, what is the DLN? \_\_\_\_\_

Will you be bringing a car to the house? \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_

Highest Level of education: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Military: \_\_\_\_\_ If yes, what branch and discharge status? \_\_\_\_\_

#### Emergency Contact Information

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

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Substance Abuse Information

Have you ever received substance abuse counseling? If yes, where \_\_\_\_\_

When \_\_\_\_\_ Inpatient \_\_\_\_\_ outpatient \_\_\_\_\_

Are you involved with drug counseling? \_\_\_\_\_ Where? \_\_\_\_\_

Longest period of sobriety \_\_\_\_\_ With a program? (Y/N) \_\_\_\_\_

Do you have a sponsor? \_\_\_\_\_ Company or Organization Name? \_\_\_\_\_

Sponsor name \_\_\_\_\_ Phone number \_\_\_\_\_

Medical Information

Are you currently under medical supervision? \_\_\_\_\_ (If No Skip to Next Section)

If yes who is your supervising person (Name and number) \_\_\_\_\_

Do you require a wheelchair or ramps? \_\_\_\_\_

Any disabilities we need to know about: \_\_\_\_\_

Do you have problems with climbing stairs? \_\_\_\_\_

Employment Information

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Work Schedule (Days & Hours) \_\_\_\_\_

Position Held \_\_\_\_\_ How long have you been employed here? \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Referral

How did you hear about SafePath Indy Housing?

\_\_\_\_\_

Legal Information:

Do you have any felony convictions or pending charges? \_\_\_\_\_

If yes, what state? \_\_\_\_\_

Do you have any misdemeanor convictions or pending charges? \_\_\_\_\_

If yes, what state? \_\_\_\_\_

Are you currently under supervision? \_\_\_\_\_ Home Detention: \_\_\_\_\_

What office? \_\_\_\_\_ What county? \_\_\_\_\_

Name of PO or supervisor: \_\_\_\_\_ Contact information: \_\_\_\_\_

History of incarceration? \_\_\_\_\_ If yes, DOC #: \_\_\_\_\_ RSO(Yes or No): \_\_\_\_\_

Please describe your legal history, Give a list of all charges (This section cannot be left blank):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, acknowledge that the above information is correct to the best of my knowledge, if there is any deception my participation in the program will be terminated. If I am accepted, I will abide by the SafePath Indy Housing rules and regulations.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## Licensee Agreement

\_\_\_\_\_ I \_\_\_\_\_(licensee) understand that **THIS AGREEMENT IS NOT A LEASE.**

\_\_\_\_\_ I \_\_\_\_\_(licensee) understand that SafePath Indy Housing and HREI Management Company LLC provides and pays for furnishings, cleaning services and controls all keys / door codes to the premises and individual rooms

\_\_\_\_\_ I understand that if I violate any rules of the licensee agreement, **I may be considered a criminal trespasser** and subject to arrest under State Penal Code, "Criminal Trespass"

\_\_\_\_\_ I understand that Safe Path and HREI have broad authority to lien all property contained within the rented room.

\_\_\_\_\_ I have read and understand the house rules provided to me (see House Rules Section)

\_\_\_\_\_ I understand that Safe Path Housing locations are NOT an assisted living facility or a nursing home and that LANDLORD & PROPERTY MANAGER DOES NOT provide assistance with activities of daily living, medicine management, bathing, brushing, shaving, cutting food, toileting, transportation, supervision outside of the residence, incontinence care, dressing, movement or other daily activities. Outsourced 3rd parties may stop by and provide these services to the "licensee" if the "licensee" has a relationship with this outsourced 3rd party, however under no circumstances does HREI Management Company LLC provide these services directly.

\_\_\_\_\_ I understand that any damages (other than normal wear) will be my financial responsibility.

\_\_\_\_\_ I understand that the rooming home operator will have a lien for unpaid rent against all of Licensee's nonexempt personal property that is in the Property and may seize such nonexempt property if Licensee fails to pay rent. Property Code governs the rights and obligations of the parties regarding Landlord's lien. Landlord may collect a charge for packing, removing, or storing property seized in addition to any other amounts Landlord is entitled to receive. Landlords may sell or dispose of any seized property in accordance with the provisions of the Property Code.

\_\_\_\_\_ Any person who is a prevailing party in any legal proceeding brought under or related to the transaction described in this agreement is entitled to recover a maximum of \$1500 attorney's fees from the non-prevailing party.

## I. FEES

\_\_\_\_\_ The licensee, licensee's representative and/or licensee's legal representative agree that the Resident (or other specified party) will pay the basic rate as of the date of this agreement, which is \$\_\_\_\_\_ per week.

\_\_\_\_\_ Payment is due every Friday of each week. Payments are considered late after Sunday and will be charged a \$20 late fee for late rents.

\_\_\_\_\_ The licensee, licensee's representative and/or licensee's legal representative agrees to pay a Non Refundable Deposit Fee of \$\_\_\_\_\_ to Safe Path before Initial move-in stated otherwise.

\_\_\_\_\_ The licensee, licensee's representative and/or licensee's legal representative agrees if a negative balance is held for longer than one week the licensee may be removed from the housing program.

\_\_\_\_\_ The licensee, licensee's representative and/or licensee's legal representative will be charged a move out fee of \$250 dollars if the room is abandoned for any reason and the cleaning fees associated with the mess left behind.

\_\_\_\_\_ The licensee, licensee's representative and/or licensee's legal representative will be charged a \$50 monthly Utility Fee.

## II. PEST CONTROL AND INFESTATION

Bed bug addendum AND other infestation:

**A.** This addendum addresses situations related to bed bugs and other infestations (roaches, gnats etc.) which may be discovered infesting the dwelling or personal property in the dwelling. You (licensee) understand that we relied on your representations to us in this addendum.

**B.** INSPECTION. You agree that you:

Have inspected the dwelling prior to move-in and that you did not observe any evidence of bed bugs, roaches or other infestation

**C.** INFESTATIONS. Prior to move-in, Licensee is certifying that they have examined the property for bed bugs, rodents and other bug infestations and did not observe any evidence of bed bugs or bed bug infestation or any other infestations including roaches, gnats etc. Therefore, in signing this addendum, Licensee certifies that if bed bugs or other bug infestations are later found in this unit, they will be deemed to have been introduced by the Licensee or one of the Licensee's guests and that the LICENSEE WILL BE RESPONSIBLE FOR THE PEST TREATMENT, including all reasonable costs of cleaning and pest control treatments. If we must move other residents in order to treat adjoining or neighboring dwellings to your dwelling unit, you will be liable for payment of any lost rental income and other expenses incurred by us to relocate the residents. If you fail to pay us for any costs you are liable for, you will be in default, and we will have the right to terminate your right of occupancy and exercise all rights and remedies under the agreement contract. You will be held directly liable and will deal

directly with city officials including but not limited to section 8 inspectors, code compliance inspectors, police officers and any other party that deems the unit unclean and infested and will hold landlord/property manager harmless for bed bug, roach or other pest infestations.

**D. COOPERATION.** If we confirm the presence or infestation of bed bugs or other bugs or rodents, you must cooperate and coordinate with us and our pest control agents **AT YOUR EXPENSE**. You must follow all directions from us or our agents to clean and treat the dwelling that is infested. You must remove or destroy personal property that cannot be treated or cleaned as close as possible to the time the dwelling is treated. We have the right to require you to temporarily vacate the dwelling and remove all furniture, clothing and personal belongings in order for us to perform pest control **AT YOUR EXPENSE**. If you fail to cooperate with us, you will be in default and we will have the right to terminate your right of occupancy and exercise all rights and remedies under the agreement contract. **YOU ALSO AGREE TO ALLOW US TO EXTERMINATE THESE PESTS IMMEDIATELY UPON DETERMINATION THAT INFESTATION HAS OCCURRED AND THAT YOU WILL REIMBURSE US FOR THIS EXTERMINATION.**

\_\_\_\_\_ (Initial on line to left to certify the above paragraphs regarding pest control and infestation)

**III. RESPONSIBILITIES OF LICENSEE, LICENSEE’S REPRESENTATIVE AND/OR LEGAL REPRESENTATIVE**

**A.** You, your representative and/or legal representative, to the extent specified in this agreement, are responsible for the following:

1. Payment of the monthly fees
2. Supply of personal clothing, activities of daily living, medicine, medicine management and other normal day-to-day items and tasks including but not limited to doctor visits, transportation, case management and social worker appointment meetings and scheduling.

**IV. PROPERTY MAIN Licensee CE**

A. Licensee’s General Responsibilities: Licensee, at Licensee’s expense, must:

- (1) Keep the Property clean and sanitary;
- (2) Promptly dispose of all garbage in appropriate receptacles;
- (3) Take action to promptly eliminate any dangerous condition on the Property and/or room;
- (4) Certify that they will perform all activities of daily living without the help or assistance of any HREI Management Company of SafePath representative such as showering, taking medications, shaving, cutting and preparing food, toileting, transportation, dressing and any other activity performed on a daily basis.
- (5) Certify that they have inspected their room and that the room is clean and well-maintained.

----- (Initial on line to left to certify the above paragraphs regarding pest control and infestation)

## V. INDEMNIFICATION

\_\_\_\_\_ Each party hereby agrees to indemnify the other and the other's employees, officers, directors, agents, family members and other related parties against all damages for bodily injury, including death, or damage to real or tangible personal property to the extent proximately caused in the course of performing this Agreement

\_\_\_\_\_ It is my intention and I understand that I am binding myself, my heirs, agents, relatives, executors, administrators, assigns and successors in interest, and understanding this, so hereby expressly release and discharge HREI Management Company, its agents, owners, landlords, directors, executives, successors, administrators, assigns, affiliates and agents from any claims against HREI Management Company created or arising out of, or in any way whatsoever related to the service or housing space provided. I hereby waive any claim for damages to persons or property, which may occur as the result of the use of the said premises. This waiver includes any negligent acts or omissions caused directly or in-directly by HREI Management Company Cooperative Living or the owners of said Property, including its officers, directors, or employees and understand that my claims, which may in the future arise out of personal injuries, accident, death, hurricanes, tornadoes, rain, fire or other acts of God to the residence, myself or damage to my property of any kind, are hereby waived.

\_\_\_\_\_ I, and any and all family, relatives, attorneys, assignees and any others acting on my behalf hereby further agree to indemnify and hold harmless HREI Management Company Cooperative Living, its owners, representatives, agents or Owners of said Property, including its officers, directors, or employees, from any claims or damages, which may occur to the undersigned licensee or to any child, invitee, or guest of the undersigned.

\_\_\_\_\_ It is understood and agreed that this agreement includes, but is not limited to, injuries occurring due to: slipping and falling on any surfaces wet or dry, transportation to and from the premises or any other location, fires, sprained or broken limbs, cuts, abrasions, eye injuries, bacterial infections, death, fights, riots, stabbings, tornados, hurricanes, floods, hail storms, acts of terrorism and any other acts of God, accidents or injuries on the property or off the property.

\_\_\_\_\_ Each party agrees to indemnify and hold harmless the other party and its employees, members, land-lord, successors, attorneys, family members, agents and assigns, from any claims, liabilities, losses, damages, and expenses asserted against the other party and arising out of the indemnifying party's negligence, willful misconduct, and negligent performance of, or failure to perform, any of its duties or obligations under this Agreement. The provisions of this indemnification are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to another person or entity.

\_\_\_\_\_ Licensee will indemnify and hold harmless HREI Management Company, its agents, owners, directors and officers against all liability, including liability arising from death or injury to person or property during the term of this agreement, and any renewal or extension thereof, caused by any act or omission of the Licensee, or the family, guests, agents or employees of the Licensee. b) Licensee will indemnify and save Landlord harmless from all liability, damage or expense incurred by Landlord as a result of death or injury to persons or damage to property

(including the Premises) where this Agreement required the Licensee to procure insurance for said liability, damage or expense and Licensee failed to do so.

\_\_\_\_\_ HREI Management Company, its agents, owners, directors and officers shall not be liable for any damage or loss to person or property caused by other licensees or other persons, or caused by theft, vandalism, fire, water, smoke, explosions or other causes unless the same arises solely from the omission, fault, negligence or other misconduct of HREI Management Company. Failure or delay in enforcing Agreement covenants of other Licensee shall not be deemed to be negligence, omission, fault or other misconduct.

## **VI. RULES**

\_\_\_\_\_ I am aware that I may be fined and or discharged from the property for violation of house rules/destruction of property

\_\_\_\_\_ I am required to notify through text or email a minimum of 14 days prior to vacating the premises

\_\_\_\_\_ My payment (in full) is due no later than each Sunday of each week via a third party representative payee, doorloop, cash or cashier's check. The landlord is NOT required to pick up rent, rents must be delivered by the necessary due date.

\_\_\_\_\_ I understand that upon leaving any Safe Path housing locations as a result from rule infractions or incarceration I will not be eligible for a refund. If you are allowed to return we can hold credits for you.

\_\_\_\_\_ I understand that this agreement is not a lease. Licensee holders may give a minimum of 30 day notice to vacate minimum 14. Any damages by the licensee will be the financial responsibility of the licensee and may be withdrawn from any remaining prepaid rents. Management of Safe Path and HREI Management Company may terminate this licensee agreement at any time. Violation of house rules may result in fines or my dismissal from the property. Threats or acts of physical violence against other licensees or management will result in immediate termination of this license and may result in filing of criminal charges.

\_\_\_\_\_ I understand that "vacating" the premises is defined as all of my belongings and myself leaving the property after returning my key.

\_\_\_\_\_ SafePath Indy Housing and HREI Management Company reserves the right to relocate licensees to our other cooperatives at our discretion. Any costs associated with change of address or inconveniences caused by relocation are the sole responsibility of the licensee.

\_\_\_\_\_ Surveillance and Recording: SafePath Indy Housing and HREI Management Company reserves the right to install and operate security cameras in common areas for the purpose of safety, security, and compliance. Recordings may be used for investigating incidents or, if required, provided to law enforcement or other legal entities. All footage will be handled in accordance with applicable privacy laws, and access will be restricted to authorized personnel only. Residents will be notified of any such recordings used in official proceedings.

\_\_\_\_\_ I understand Room checks and inspections will be done weekly and all licensees agree to comply with Safe Path staff who are conducting the weekly room checks and inspections.

\_\_\_\_\_ Management / Staff of HREI Management Company may ask me to provide a urine sample when:

- Erratic or other behavior typical of a person under the influence of alcohol or illegal drugs is observed
- Drug / Alcohol paraphernalia is found on my or in my possession
- Randomly

\_\_\_\_\_ Under no circumstances are drugs, alcohol or other “non-prescribed” medication allowed in the property. I understand that if I have been found to be using or in possession of any of the above items, I will immediately be in violation of this agreement and will be asked to vacate the unit immediately.

\_\_\_\_\_ Under no circumstances are weapons allowed in the property. I understand that if I have been found to be using or in possession of any of the above items, I will immediately be in violation of this agreement and will be asked to vacate the unit immediately.

\_\_\_\_\_ I understand that if I am bringing guests into the homes my guest must also follow all house rules. You will be responsible for your guest actions. Your guest will be banned if they do not comply with Safe Path rules and you may be removed from housing guests who break any house rules.

\_\_\_\_\_ I understand that if I am bringing children into the home that I am whole and fully responsible for that child. That child is completely under my care and no one else's. I take full and utter responsibility for that child I have brought into the home and understand that anything that child does is an extension of myself and my ability to stay in the home. If there is any immediate violation of this agreement and will be asked to vacate the unit immediately.

## **VII. AGREEMENT AUTHORIZATION**

We, the undersigned, have read this Licensee Agreement and agree to abide by the terms and conditions.

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Licensee)

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Licensee's Representative)

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Licensee's Legal Representative)

Dated \_\_\_\_\_  
\_\_\_\_\_

(Signature of HREI Management Company Rep)

PERSONAL GUARANTEE OF PAYMENT

(Licensee) \_\_\_\_\_

Personally guarantees payment of charges for the daily/monthly fees

Dated \_\_\_\_\_

(Signature) \_\_\_\_\_

(Signature of Licensee)

In the event that you are asked to leave SafePath or any of its Housing locations for violation of any rules, there will be no refund for the deposit and/or any rent paid forward.

This is a licensee contract agreement, not a lease. Violation of any rules may result in you being asked to leave the program and house. The specific time to vacate will be determined by staff. If you choose not to leave, the staff has the right to call the authorities to assist in removing you from the property.

The SafePath staff, HREI Management Company and its owner are not liable for any injuries that may occur during your residency.

The SafePath staff, HREI Management Company and its owner are not responsible for any personal property brought on the premises.

LicenseeSignature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Provide a Copy of your ID Here**

# SafePath Indy Housing Rules

1. No drinking or drug use. Any questionable behavior may result in a staff asking you to leave the home.
2. No weapons of any kind, no exceptions.
3. Violence or threats of any kind towards other residents, staff will result in immediate removal from the program, this includes abusive language, screaming, name calling, tantrums and any expression of rage or disrespect as interpreted by staff.
4. Destruction of the house property will result in immediate removal from the home.
5. No smoking inside the house except for designated open areas outside.
6. If you are unemployed, you must be out of the house seeking employment unless you are receiving government assistance such as disability or SSI income or in the care of one the many organizations supporting those in Indianapolis.
7. Kitchens, bathrooms, and all common areas are to be cleaned after each use.
8. Chores are to be done daily. Noncompliance will result in immediate removal from the house.
9. Radios and TVs must be at an acceptable volume.
10. Visiting hours are over at 8:00 p.m. everyday
11. No Overnights No Exceptions
12. If you are in a SO approved residence you can NOT bring children, No Exceptions!
13. No hiring of Sexworkers allowed in the property of any kind
14. No Pet and pet sitting, No Exceptions in shared housing unless an Amendment signed.
15. Food must be stored in sealed containers or Mini Fridges in rooms.
16. Respect your fellow resident and don't ask, beg or assume their food, money or personal belongings are to be shared with you. Stealing food will result in removal from Safe Path Housing.
17. Rent is due weekly at each house for the following week.
18. All outstanding court issues are to be addressed. Probationary/ parole/ CPS agreements are to be upheld and contact info provided.
19. All criminal justice partners will be notified if you are asked to leave the home.
20. Any resident committing a criminal offense will result in immediate removal from the home.
21. All licensees are to lock all doors when entering and leaving the house.
22. All licensees are encouraged to have a social worker or case manager but not required
23. All Licensee's are required to attend all mandatory house meetings when requested..
24. Upon exit, any property remaining at the home will be considered abandoned and will be donated to a charity of Safe Path's choosing.

I, \_\_\_\_\_, have read and understand the rules of The SafePath. I agree to follow them to the best of my ability. Violation of any of these rules can be grounds for removal from the home. I understand that if I violate any of these, and am removed from the home, I will be asked to leave the premises right away. If I choose not to leave on my own accord, I understand that the local authorities may be called to assist in my removal. I have also received a copy of these rules.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

# Agreement for Weekly Fees

This Agreement ("Agreement") is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between:

**Agency:**

SafePath Indy Housing powered by HREI Management Company

**Licensee:**

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

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

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

Email: \_\_\_\_\_

Hereinafter collectively referred to as "Parties."

**Property Description:**

The agency agrees to allow the Licensee to stay at the following property:

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

They may utilize the following:

- Individual bed (single or double bedroom)
- Storage space in bedroom
- Shared or Individual bathroom
- Shared common space (kitchen, family room, dining room, etc.)
- Shared backyard
- Street Parking, Property Parking

## Terms of Agreement:

1. Term: The move in date is on \_\_\_\_\_ and shall continue on a weekly basis, with each week beginning on Friday and ending the following Thursday. Your first week will be prorated if you need to move in sooner than Friday based on the day of the week you are moving in. Your first payment will be:
  - Friday-Saturday \$200
  - Thursday \$35
  - Wednesday \$70
  - Tuesday \$105
  - Sunday-Monday \$140

Regardless of the day of the week a licensee moves in they will owe their flat amount, plus a service fee, and then they will owe the full amount on the next Friday.

2. Amount: The participant agrees to pay a weekly rate of \$200 to the agency or other amount verbally agreed on. The fees are due in advance on the first day of each weekly period. If the participant does not pay fees when they are due. They have until Monday morning to make payment, otherwise there will be a \$20 late fee. If the participant accrues fees of \$400 or more, they may be asked to leave unless a payment agreement can be agreed upon. Once the licensee is on a payment plan, they must keep up with payment, or they may be asked to leave the home. The agency does reserve the right to submit all unpaid program fees for collections. If a negative balance is held longer than 2 weeks the licensee will be asked to leave.
3. Payment Method: All licensees are required to use the Door Loop App to manage payments and receipts. Program Partners or organization payments shall be made in any preferred payment methods. Invoices will be billed in 5 weeks increments to organizations preferably or whatever is arranged for the residents funding support.
4. Service Fee's: Non Refundable Deposit Fee- The participant shall provide a service fee equal to the first week's rent at the commencement of this agreement. This ensures our team members are paid for the services and safe path offers to the residents at no charge. This also contributes to the furniture and items provided to our residents with this fee. Paying your services fee is a form of paying forward. Abandonment Fee - If the resident abandons the room and Safe Path needs to hire a team to remove all items there will be a fee of \$400 dollars charged to clean out room.
5. Utility Fee: The fee for utilities is \$50 monthly recurring fee paid by licensee. All other household services including Internet Services are covered by Safe Path.
6. Maintenance and Repairs: The licensee agrees to maintain the room in a clean and sanitary condition. The participant shall promptly report any maintenance or repair issues to the Agency. The Agency will be responsible for promptly addressing and resolving maintenance and repair issues.
7. Termination: The licensee may terminate this agreement by providing a two week (14 day) notice. The Agency may terminate this agreement with up to 48 hour notice, based on program policies and procedures and Rules and the need to keep all other licensees

safe at all times. In the event that either party terminates this agreement early, the security deposit shall be forfeited.

8. Rules and Regulations: The licensee agrees to abide by all house rules and regulations set forth by the agency, in addition to all the policies and procedures.
9. Right of Entry: The Agency or their authorized agents shall have the right to enter the premises at a reasonable time for the purpose of inspection, maintenance, and repairs.
10. Subletting: The Licensee shall not sublet, assign, or transfer this agreement without the written consent of the Agency.
11. Governing Law: The Agreement shall be governed by and construed in accordance with the law of Indiana.
12. Entire Agreement: This agreement contains the entire agreement between the Parties and supersedes all prior oral or written agreements.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first above written.

**Agency:**

Agency Officer: \_\_\_\_\_

Agency Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Licensee:**

Licensee: \_\_\_\_\_

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_