



**INDEMNITY/HOLD HARMLESS AGREEMENT**

Name of Claimant(s) \_\_\_\_\_

Name of Attorney of Record \_\_\_\_\_

Date of Settlement Agreement \_\_\_\_\_

I understand that “structuring” the attorney fees due on the above-referenced case might not achieve the tax consequences that I and/or my Firm may desire and I have considered the possible impact of a challenge to this treatment by the Internal Revenue Service and/or state tax authorities.

I understand and agree that all federal and state tax consequences (arising under existing law or under any subsequently enacted law) of structuring my attorney fees will be borne by me and/or my Firm. I also agree that, regardless of when taxes are due on the fees, I and/or my Firm will be paid in accordance with the periodic payment terms of the attorney fees agreement with the above-named Claimant under the structure settlement. I and/or my Firm further understand and agree that periodic payments may not be accelerated, deferred, increased, decreased, or assigned.

I and/or my Firm do hereby indemnify and agree to hold harmless Hartford Life Insurance Company and/or Hartford Comprehensive Employee Benefit Service Company, their employees, agents and affiliates, of and from any costs, penalties, fees, or damages, including withholding taxes and any interest thereon, which may arise in connection with any taxes incurred by me/or my Firm as a result of structuring the attorney fees.

\_\_\_\_\_  
Signature of Attorney of Record

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Partner or Officer of Firm

\_\_\_\_\_  
Date