

**AFFIDAVIT OF ORIGIN AND INDEMNIFICATION AGREEMENT**

STATE OF DELAWARE  
COUNTY OF NEW CASTLE

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title) of \_\_\_\_\_ (company) (the "Company"), individually and in my capacity as an authorized officer of the Company, declare that the Delaware State Chamber of Commerce will not be held liable for any misrepresentations or fines associated with any and all Certificates of Origin signed and processed by the Delaware State Chamber of Commerce on the above Company's behalf. I further agree on behalf of the Company to release and waive and agree to indemnify and hold harmless the Delaware State Chamber of Commerce and its affiliates, and its and their respective directors, officers, employees, principals, successors and agents for any and all claims, liabilities, demands, causes of action, costs and expenses (including, but not limited to, attorney's fees), arising from or relating to the subject matter of this affidavit or the issuance of any and all Certificates of Origin on behalf of the Company or any of its subsidiaries including, without limitation, damages, losses, claims, demands and causes of action made by or on behalf of any third party by reason of (a) such materials or any parts thereof originating other than in the United States or (b) any incorrect or incomplete information contained or attached of said Certificate.

I further state, individually and in my capacity as an officer of the Company, that any and all Certificates of Origin and additional papers submitted to the Delaware State Chamber of Commerce are filled out truthfully and that the products named on the Certificate of Origin are manufactured in the United States of America and are of United States of America origin. I further agree that no alterations will be made to any Certificate of Origin processed on behalf of the above named Company after it has been signed and sealed by the Delaware State Chamber of Commerce.

I am authorized to sign for my Company. In addition, I state upon oath in my individual capacity and as an authorized officer of the Company that all facts stated herein are true and correct.

Signed \_\_\_\_\_

Printed name: \_\_\_\_\_

State of Delaware

County of New Castle

Taken, subscribed and sworn to before me on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for The State of Delaware