

**INDEMNITY STATEMENT**

**Tier I Contractors**

**MINIMUM REQUIRED INSURANCE COVERAGE**

<u>Types of Insurance</u>	<u>Requirement</u>
Workers' Compensation	Statutory
Employees Liability	\$ 500,000
General Liability	\$1,000,000 per occurrence
Automobile Liability	\$1,000,000 per occurrence

We agree to indemnify, defend and hold harmless Airgas against any loss, liability, expense, or included legal expense in connection with the claim of any personal injury, death, or property damage arising out of any equipment provided and/or the performance of our work and/or our subcontractor's work on or adjacent to Airgas premises.

An insurer's certificate of insurance coverage, as indicated above, with an endorsement requiring written notice to Airgas prior to cancellation, will be submitted to Airgas prior to the start of any work. Such certificate will expressly state that "Airgas, Inc, and its respective employees, subsidiaries, affiliates, divisions, officers, directors, and agents and all of our subcontractors and their employees, are included as additional insureds under all such insurance, except Workers' Compensation."

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

Signed By: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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