

Dallas Fort Worth International Airport Board Solicitation No. _____

NAME OF BIDDER: _____

To be completed by the Bidder/Proposer:

I confirm that, if awarded the Contract, I will comply with all of the Insurance Provisions, as stated in the Insurance Requirements of Solicitation No. _____, and said insurance shall be provided without change to the prices offered.

Name of Proposer: _____

Authorized Agent (please print): _____

Authorized Agent's Signature: _____

Date: _____

To be completed by Bidder/Proposer's insurance provider:

I confirm that, if awarded the Contract, the Bidding Firm stated above either has insurance coverage or can obtain coverage in compliance with the requirements of DFW International Airport Board Solicitation No. _____. I further confirm that this Insurance Agency can comply with the insurance provisions as stated in the Insurance Requirements.

Insurance Agency: _____

Insurance Agent's Name (please print): _____

Insurance Agent's Signature: _____

Date: _____

**WORKERS COMPENSATION HOLD HARMLESS
AND INDEMNIFICATION AGREEMENT**



For and in consideration of the sums paid to Contractor by Airport under Contract No. _____ (the "Contract") and Airport's agreement to allow Contractor to provide this Hold Harmless and Indemnification Agreement in lieu of workers compensation insurance, Contractor, for himself and as sole proprietor of Contractor, hereby agrees to release the Airport, the Cities of Dallas and Fort Worth, and their respective officers, agents and employees from, and to indemnify each of them against any and all claims and causes of action for injury, death, disease, or employer liability arising from or in connection with my performance of the Contract Work, save and except such personal injury, death, disease or employer liability as are caused by the sole negligence of the Airport.

I further certify that my firm qualifies for exemption from workers compensation insurance requirements under the law; that I am the firm's sole proprietor; and that I will provide proof of medical insurance for myself, the only person from my firm that will be performing work under this contract.

NAME OF FIRM: _____

NAME OF SOLE PROPRIETOR: _____

SIGNATURE OF SOLE PROPRIETOR: _____

DATE: _____