

Mattcon General Contractors, Inc.  
 5460 W 84th St.  
 Indianapolis, IN 46268  
 Phone: (317) 872-4700  
 Fax: (317) 872-0428



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

## Exhibit I - Letter of Indemnity

The undersigned, being duly sworn upon his oath, states that he is a principal owner, officer, or authorized agent of \_\_\_\_\_ (Subcontractor/Supplier), and is duly authorized to enter into this agreement and to make these affirmations on behalf of Subcontractor/Supplier.

For the purpose of inducing Mattcon General Contractors, Inc. ("Mattcon") to make payment of \_\_\_\_\_ Pay Application # \_\_\_\_\_ for a project known as \_\_\_\_\_ ("Project"), owned by \_\_\_\_\_ ("Owner"), \_\_\_\_\_ represents that none of the materials provided to the Project by Subcontractor/Supplier have been purchased from suppliers to Subcontractor/Supplier for incorporation into the Project and that no supplier of Southern Drywall LLC has any lien or claim on account of any work performed or material furnished for the Project.

2nd Tier Subs and Suppliers (DO NOT LIST YOUR BILLING/CONTRACT INFORMATION BELOW) write N/A if you don't have any subs/suppliers.

Names of Subs/Vendors	Materials / Services Provided	Amt. Billed This Application

\_\_\_\_\_ hereby agrees to assume, from the date of execution of this Agreement, the defense of any lien that may be recorded against the Project by any supplier to Subcontractor/Supplier, to pay the costs of the defense of any such lien, and to indemnify Mattcon and the Owner for any liability, loss, cost, damages, attorneys' fees, and expenses of every kind and nature for which they may be held liable as a result of such lien.

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

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

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

STATE OF \_\_\_\_\_ )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

The foregoing, before me, a notary public, personally appeared \_\_\_\_\_, as \_\_\_\_\_, duly authorized officer or agent of \_\_\_\_\_, who having been duly sworn, acknowledged the execution of the foregoing Affidavit and Wavier and Release of Liens and Claims, for and on behalf of said corporation and stated that the representations therein contained are true.

WITNESS my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

Notary Public

My Commission Expires: \_\_\_\_\_ My County of Residence is: \_\_\_\_\_