

ATTACHMENT A

Attach Insurance Certification or Binder

Certification

I, _____, as a duly authorized representative of _____,
(full name) (name of firm)

certify that evidence of required general liability, worker's compensation, and professional liability insurance for personnel assigned to the project and automobile insurance for any vehicles used for the project in the amounts in this RFQ shall be provided to the issuer of this RFQ within 10 calendar days of any Notice of Award.

Signature – Company Official

Printed/Typed Firm Name

Printed/Typed Name/Title

Date