

INSURANCE CERTIFICATION

Your insurance representative must complete the form below to be considered for the award of this bid or project, and it is important that you complete the Bidder's Acknowledgement section of this form. Please note that this Insurance Certification for must accompany your bid submission for your bid to be considered.

Insurance Representative's Acknowledgement:

We have reviewed the insurance requirements set forth in the Supplementary Conditions Article 10 & 11 of the specifications and can provide such insurance to our insured in accordance with such requirements in the event the contract is awarded to our insured and provided our insured pays the appropriate premium.

Insurance Representative:

Address:

Are you an agent for the companies providing the coverage? Yes _____ No _____

Date: _____

Insurance Representative's Signature

Bidder's Acknowledgement:

I acknowledge that I have received the insurance requirements of this bid and have considered the costs, if any, of procuring the required insurance and will be able to supply the insurance required in accordance with the bid, if it is awarded. I understand that this Insurance Certification form must be submitted with my bid and my inability to provide the required insurances may result in the rejection of my bid, and the WHITE PLAINS SCHOOL DISTRICT may award the contract to the next lowest/responsive bidder.

Name: _____

Address: _____

Date: _____

Bidder's Signature

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Name: _____

Address: _____

Date: _____

Bidder's Signature