

**Insurance Certification**

Project No.: 1910404.00

Name of Project: Yorktown CSD – District Wide Improvements –Phase 2 October 2021

Your insurance representative must complete the form below in order 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 form must accompany your bid submission in order for your bid to be considered.

**Insurance Representative's Acknowledgement:**

We have reviewed the insurance requirements set forth in the General Conditions and Division 0 section of the specifications and are capable of providing 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 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 Yorktown Central School District may award the contract to the next lowest/responsive bidder.

Firm name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Bidder's Signature