

**ATTACHMENT 2**

**CERTIFICATION OF PROPOSER'S INSURANCE AGENT REGARDING PROPOSER'S ABILITY TO OBTAIN REQUIRED INSURANCE COVERAGE**

I hereby certify that my client, as identified below, will be able to meet all of the insurance requirements of Attachment 4, Exhibit B, has been advised of any additional costs associated with doing so, and has agreed to obtain such coverages if selected as the successful proposer of the RFQ to which my client has responded:

Legal Name of Proposer

\_\_\_\_\_

Insurance Agency Information

Name - \_\_\_\_\_

Phone - \_\_\_\_\_

Fax - \_\_\_\_\_

Address – \_\_\_\_\_

Name of Agent/Broker (Print):

\_\_\_\_\_

Signature of Agent/Broker:

\_\_\_\_\_

Date of

Signature:

Signature of:

Notary Public:

\_\_\_\_\_

State Seal of Notary Public: