

Certificate By Insurance Company

The undersigned insurance company represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects, and that the described insurance is effective as of the date of this Certification.

Name of insurance company: _____

Address of the insurance company: _____

Street Address

City

State

Zip Code

Signature of authorized official of insurance company: _____

Signature

Name and title of authorized official: _____

Print name

Sworn to before me this

_____ day of _____, 20_____

Notary Public