

**INSURANCE AGENT AFFIDAVIT**

To be completed by appropriate Insurance Agent(s)  
and submitted by Bidder as a Bid attachment.

\_\_\_\_\_  
(Name of Bidder)

I, the undersigned agent, certify that the insurance requirements contained in the Request for Bids and as listed below, have been reviewed by me with the above identified Bidder. If the named Bidder is awarded a contract by the Lee College District ("the District"), I affirm that I will be able, within ten (10) days after Bidder is notified of such award, to furnish a valid Certificate of Insurance and/or applicable bonds to the District meeting all of the requirements contained in the Request for Bids for the coverage listed below: (Check all that apply):

- (a) Commercial General Liability
  - 1. Bodily Injury: \_\_\_\_\_
  - 2. Property Damage \_\_\_\_\_
- (b) Owner's/Contractor's Protective Liability \_\_\_\_\_
- (c) Business Vehicle Liability
  - 1. Bodily Injury: \_\_\_\_\_
  - 2. Property Damage: \_\_\_\_\_
- (d) Commercial Umbrella Liability \_\_\_\_\_
- (e) Worker's Compensation and Employers Liability \_\_\_\_\_
- (f) Payment Bond \_\_\_\_\_
- (g) Performance Bond \_\_\_\_\_
- (h) Builders Risk \_\_\_\_\_

Name of Insurance Agency: \_\_\_\_\_  
Address of Agency: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Agent (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
Agent (Print or Type): \_\_\_\_\_

SUBSCRIBED AND SWORN to before me by the above named on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in and for the State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**NOTE TO AGENT:**

**IF THE ABOVE TIME REQUIREMENT IS NOT MET, THE DISTRICT RESERVES THE RIGHT TO DECLARE THIS BIDDER NON-RESPONSIVE. IF YOU HAVE QUESTIONS CONCERNING THESE REQUIREMENTS, PLEASE CALL THE DISTRICT'S PURCHASING DEPARTMENT AT (281) 425-6320.**