



**ATTACHMENT I
CERTIFICATION REGARDING ABILITY TO OBTAIN
REQUIRED INSURANCE**

CITY OF PHOENIX

**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 **RFQu-22-EDU/BWDD-70, Section IV**, and has been advised of any additional costs associated with doing so, and has agreed to obtain such coverages if selected as a successful offeror of the RFQu to which my client has responded:

Legal Name of Proposer: _____

Insurance Agency Name: _____

Address: _____

Phone: _____

Email: _____

Please identify which type of coverage your firm provides/will provide to the Proposer.
Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Automobile Liability | <input type="checkbox"/> Endorsed to include coverage for Sexual Abuse and Molestation |
| <input type="checkbox"/> Worker's Compensation and Employer's Liability | |

Agent/Broker: _____
(Print/Type)

Agent/Broker: _____
(Signature)

Signature Date: _____