City of Lubbock
Insurance Requirement Affidavit

Project Number: _____

To Be Completed by Bidder or Offeror

I, the undersigned Bidder/Offeror certify that the insurance requirements contained in this bid/proposal document have been reviewed by me and my Insurance Agent/Broker. If I am awarded this contract by the City of Lubbock (City), I will be able to, within ten (10) business days after being notified of such award by the City, furnish **a valid insurance certificate and endorsements** to the City meeting all of the requirements presented herein.

_____ _____
Contractor Representative (Original Signature) Contractor Representative (Printed)

Contractor's Business Name: _____
(Print or Type)

Contractor's Address: _____

Contractor's Email Address: _____

INSURANCE AGENT/BROKER CONTACT INFORMATION

Firm Name: _____

Contact Name: _____

Phone No.:_____Email:_____

NOTE TO CONTRACTOR
If the time requirement specified above is not met, the City has the right to reject this bid/proposal and award the contract to another contractor. If you have any questions concerning these requirements, please contact the Director of Purchasing & Contract Management for the City of Lubbock at (806) 775-2572.