

ANDREW M. CUOMO Governor

ALFONSO L. CARNEY, JR. Chair

REUBEN R. MCDANIEL, IIIActing President & CEO

SECTION C

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DORMITORY AUTHORITY STATE OF NEW YORK

WE FINANCE, DESIGN & BUILD NEW YORK'S FUTURE.

www.dasny.org



FOR DEMO PURPOSES ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

C	ne terms and conditions of the policy, ertificate holder in lieu of such endors		(s).					9 9 9 9
	DUCER			CONTACT NAME:		- Males		
You	ur Agent or Broker		10	PHONE (A/C, No, Ext):		FAX (A/C, No):		
				E-MAIL ADDRESS:				
					SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURER A : Your Ins				
INSU	JRED			INSURER B : Your Ins				
				INSURER C : Your Ins				
	Your Name			INSURER D: Your Ins				1
	1.24x #1.45.25			INSURER E : Your Ins				
					surance Com			
CO	VERAGES CER	TIFICA	TE NUMBER:	MOUNTY :		REVISION NUMBER:		
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	OF INS QUIREN PERTAIN POLICIE	SURANCE LISTED BELOW HAV MENT, TERM OR CONDITION C N, THE INSURANCE AFFORDE ES. LIMITS SHOWN MAY HAVE E	OF ANY CONTRACT D BY THE POLICIE BEEN REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR		ADDL SU INSR W	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		0.000.00=
	GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	s	2,000,000
	X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	s	50,000
5	CLAIMS-MADE X OCCUR	3.4	52520521	A sales and		MED EXP (Any one person)	s	5,000
Α	Include Independent Contractors	Y	XYZ-123	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY	\$	2,000,000
	DESIGN ADDRESS AND ADDRESS OF THE PERSON OF					GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC					COMPINED OUTOUR LIMIT	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	\$1,000,000
	X ANY AUTO				4.38.23.43	BODILY INJURY (Per person)	\$	
вХ	X ALL OWNED X SCHEDULED AUTOS NON-OWNED		ABC-345	MM/DD/YY	MM/DD/YY	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	X						\$	
	X UMBRELLA LIAB X OCCUR		7	1 2	Triba Carlo	EACH OCCURRENCE	\$	As Needed
C	EXCESS LIAB CLAIMS-MADE	Y	LLL-555	MM/DD/YY	MM/DD/YY	AGGREGATE	\$	
	DED RETENTION \$					Luc otati	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS OTH- ER		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WCB-678	MM/DD/YY	MM/DD/YY	E.L. EACH ACCIDENT	s	
	(Mandatory in NH)		1100 010			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		"			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Е	Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA		MCK-777	MM/DD/YY	MM/DD/YY	Contract Value		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta	ach ACORD 101, Additional Remarks S	chedule, if more space is	s required)	Last Control		
Fac The You	SNY Contract No: 1431009999 - SUNY cility: SUNY Binghamton - PO Box 6000, e following are Additional Insureds as restk and SUNY Binghamton and the Constrk is required for all insurance policies.	Vestal spect to	Parkway East, Binghamton, N this project: The Dormitory Au	Y 13902 hthority-State of Nev	w York; the St	ate of New York; The Sta	te Univ	versity of Uew te of New
				2100220100000				
CE	RTIFICATE HOLDER			CANCELLATION				
	Dormitory Authority- State of Attn: Purchasing Department 515 Broadway		ork		N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		

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Albany, New York 12207

AUTHORIZED REPRESENTATIVE

Your Agent/Broker Representative

AGENCT COSTOMER ID.	AGENCY CUSTOMER ID:	
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AGENCY

NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

NAMED INSURED(S)

POLICY	NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
ADDE	ENDUM INFORMATION CERTIFICATE NUMB	ER:	REV	ISION NUMBER:
A.	Insurer Admitted / authorized Excess line or free trade zone			
В.	General Liability (GL) policy form ISO / ISO modified			
	Other			
C.	Specific operations excluded or restricted (GL police Location: Type of construction: Building height: Classifications [see attached declarations of the construction	endorsement]		
D.	Additional insured endorsement (GL policy) CG 20 10 CG 20 26 CG 20 32 Other: #: Title: Oth		CG 20 37 CG 20 38	
E.	According to the terms of this GL policy, the addition		primary and noncontributory covera	ge
F.	Additional insured will receive advance notice if insured Yes No and no other op	surer cancels (GL		
G.	Blanket contractual liability located in the "insured restricted	contract" definiti	on (Section V, Number 9, Item f. in t	ne ISO CGL policy) is removed or
	Yes and no other option is available with	h this insurer	No changes made	
Н.	"Insured contract" exception to the employers liabi Yes and no other option is available with	-	emoved or modified (GL policy) No changes made	
I.	GL policy (including endorsements) does not cover subcontractors (not workers' compensation) Yes and no other option is available with	the additional in		employees of the named insured or

ADD	ENDUM INFORMATION (continued)	AGEN	CY CUSTOMER ID):	
		-:			- U A
J.	Earth movement, excavation or explo	is available with this insurer	No change		olicy)
	Tes and Indoduel option	is available with this insurer	No change	es made	
K.	Insured vs. insured suits (cross liabil				vs. named insured)
	Yes and no other option	is available with this insurer	No change	es made	
L.	Property damage to work performed or restricted	by subcontractors (exception to	o the "damage to	your work" exclusion in the IS	O CGL policy) is excluded
	Yes and no other option	is available with this insurer	No change	es made	
M.	Excess / umbrella policy is primary a	nd non-contributory for additio	nal insureds		
	Yes, by specific policy provision	Yes, by endorsement	No and	no other option is availa	ble with this insurer
	A	UTHORIZED REPRESENTATIVE SIGNATU	RE		DATE (MM/DD/YYYY)

AGENCY CUSTOMER ID:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
DASNY, State of New York, CLIENT	Project or installation location
Any language like "as per written contract" is not acceptable - DASNY, etc. must be named	
Information required to complete this Schedule, if not sho	L

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
 - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
 - 1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

HIGHLIGHTS ADDED TO THE FORM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
DASNY, State of New York, CLIENT	Project or installation location
Any language like "as per written contract" is not acceptable - DASNY, etc. must be named	
Information required to complete this Schedule, if not sh	own above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

HIGHLIGHTS ADDED TO THE FORM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



ANDREW M. CUOMO Governor

ALFONSO L. CARNEY, JR.

GERRARD P. BUSHELL, Ph.D. President & CEO

Memorandum

TO: DASNY Contractors & Consultants

FROM: Jamie Pelis- Procurement

DATE: August 30, 2017

RE: 30 Day Notice of Cancellation

Your contract with the Dormitory Authority of the State of New York (DASNY) requires that your insurance coverage provide the Authority with at least 30 days written notice prior to cancellation, non-renewal, or material change of your insurance policy.

In the event that DASNY's Procurement unit receives your insurance information on an ACORD Certificate of Liability Insurance form (ACORD 25 2016/03), your insurance agent/broker will need to provide information regarding the policy's terms and conditions, as they pertain to Notice of Cancellation, by adding a comment in the Description of Operations/Locations/Vehicles section of the Certificate, or by referencing the applicable policy section or endorsement on the Certificate and attaching that document for our review.

If the policy does not provide at least 30 days notice to the Authority as required by contract, the Authority will ask you to endorse the policy accordingly, and to provide evidence of the change via a copy of that endorsement.

Insurance Requirements

Certificate of Liability Insurance

Sample Accord Certificate is attached.

Please make sure the 30 Days Written Notice Clause Reads as Follows on the Certificate: EXPIRATION DATE THEREOF, THE ISSUING COMPANY MAIL <u>30</u> DAYS WRITTEN NOTICE "TO DASNY".

Disability Benefits

DB-120.1 or DB-820/829 (5/06 or later) - Certificate of Disability Benefits. The insurance carrier will provide a completed form as evidence of in-force coverage.

Workers Comp

- 1. DB-155- Certificate of Disability Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office will provide a completed form. C-105.2 (9/07 or later) Certificate of Workers' Compensation Insurance. The insurance carrier will provide a completed form as evidence of in-force coverage.
- 2. U-26.3- Certificate of Workers' Compensation Insurance from the State Insurance Fund. The State Insurance Fund will provide a completed form as evidence of in-force coverage.
- 3. GSI-105.2 /SI-12- Certificate of Workers' Compensation Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office or the contractor's Group Self Insurance Administrator will provide a completed form.

Dormitory Authority – State of New York Contractor's Certifications pursuant to State Finance Law § 139-j and § 139-k

This form shall be completed and submitted with your bid. Failure to complete and submit this form may result in a determination of non-responsiveness and disqualification of the bid.

I.	Со	ntractor Affirma	tion relating to	proced	ures governing permissible contacts:	
	(Contractor Must (Check Applicable	e Box)		
	C	Contractor: □ af	firms	□ doe	s not affirm	
		Oormitory Authori	ty's procedures i	elative	grees hereinafter to comply with the to permissible contacts for this procuremer (3) and § 139–j (6) (b).	ıt
II.					on-Responsibility and Prior Contract e 2005 Procurement Lobbying Law:	
1.					in State Finance Law § 139-j and § 139-k ne Contractor was not responsible?	
		No			Yes	
2.	ir fa	ncomplete inform ailure to comply v ermissible conta	ation required by vith the requirem	/ State l	s) the intentional provision of false or Finance Law § 139-j and § 139-k, and/or th State Finance Law § 139-j (3) relating to	е
		No f yes, please prov Attach additional			Yes ch finding of non-responsibility below.	
Gov	ernm	ental Entity:				
	Date	e of Finding:				
	Basis	of Finding:				
		-				
		_				
		_				
		-				
		_				

Dormitory Authority – State of New York Contractor's Certifications pursuant to State Finance Law § 139-j and § 139-k

3.	term inter the	ninated or v ntional prov	vithheld a procu vision of false or omply with the re	rement co incomple	ntract with the C te information re	ce Law § 139-j and § contractor due to the quired by such Laws nce Law § 139-k(3) re	and/or
		No			Yes		
	If yes	, please pr	ovide details be	low. (Atta	ch additional pa	ges, if necessary)	
Gover	nment	al Entity:					_
Date of	Termi	ination or V	Vithholding of C	ontract:			
Basis o	f Term	nination or \	Withholding of C	Contract:			_
							_
							_
							_
may co Section impriso provide	nstitut 210.3 nment d to th	e a felony u 35 or Section of up to fiv	under Penal Lav on 210.45, and r re years under 1 y Authority with	v Section 2 nay also b 8 U.S.C. S	210.40 or a misc e punishable by Section 1001; ar	e or misleading inforn lemeanor under Pena a fine of up to \$10,00 nd states that all inforn aw § 139–j and § 139	al Law 00 or mation
		Signatu	ıre			Date	
	Contr	ractor: _					_
	Ad	dress: _					_
	١	_ Name: _					_
		Title: _					_

VENDOR RESPONSIBILITY QUESTIONNAIRE

All bidders must complete the Vendor Responsibility Questionnaire in the New York State VendRep System. Information concerning the system is contained in the paragraph that follows.

To enroll in and use the New York State VendRep System, see the Instructions available at http://www.osc.state.ny.us/vendrep/index.htm or go directly to the VendRep System online at http://onlineservices.osc.state.ny.us/. Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID Number, or for help with the online questionnaire, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ITSServiceDESK@osc.state.ny.us.

The Certification page must be submitted to DASNY with bid submittals upon notification of intent to award.



Opportunity Programs Group

UPSTATE: 515 Broadway * Albany, NY 12207-2964 * Phone: (518) 257-3706 Fax: (518) 257-3100

DOWNSTATE: One Penn Plaza, 52nd Floor * New York, NY * 10119-0098 * Phone: (212) 273-5000 Fax: (212) 273-5121

UTILIZATION PLAN

	O	RIGINAL Submiss	ion REVISED Submis	sion 🗌
A. PI	RIME INFORMATION	N: CONTRACTOR	CONSULTANT	VENDOR
	Name: Address: Contact Person: E-Mail Address:		City: State: Telephone Number:	Zip: Fax Number:
B. PR	ROJECT INFORMATION	ON:		
	Project Number:	Work Authorization	# (if applicable)	
	Contract / Bid Number	Contract Am	ount: \$	
	MBE Goal %_	\$ WBI	E Goal % \$	-
	Facility Name: Building(s): Address: City: County: _ Work Description:	=		
1.	Schedule of proposed			A 11.17 (1.14)
	Trade/Service	Amount \$	Trade/Service	Amount \$
	-	\$	(122.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	\$
	===	\$		\$
		\$		\$
		\$		\$
	-	\$	-	\$
2.	Description of Equip	ment, Materials or	Supplies	Estimated Amount
				\$
				\$
				\$
				\$
				\$
	-			\$
				¢.

UTILIZATION PLAN

(subcontractor/supplier continuation page)

п	Firm Name: Address:			Value of Proposed Award: \$ Fed ID No.
		Zip:		Estimated Start Date:
	City: State: Contact Person:	zip.		Telephone:
	Email Address:			Type of Firm: MBE WBE OTHER
				Type of Thin. [] Hazz [] (122 [] e 12221
	Work Description:			
п	Firm Name:			Value of Proposed Award: \$
	Address:			Fed ID No.
	City: State:	Zip:		Estimated Start Date:
	Contact Person:			Telephone:
	Email Address:			Type of Firm: MBE WBE OTHER
	Work Description:			
ш	Firm Name:			Value of Proposed Award: \$
	Address:			Fed ID No.
	City: State:	Zip:		Estimated Start Date:
	Contact Person:			Telephone:
	Email Address:			Type of Firm: MBE WBE OTHER
	Work Description:			
	What she was the constraint			
	Firm Name:			Value of Proposed Award: \$
	Address:			Fed ID No.
	City: State:	Zip:		Estimated Start Date:
	Contact Person:			Telephone:
	Email Address:			Type of Firm: MBE WBE OTHER
	Work Description:			
п	Firm Name:) 1	Value of Proposed Award: \$
	Address:			Fed ID No.
	City: State:	Zip:		Estimated Start Date:
	Contact Person:			Telephone:
	Email Address:			Type of Firm: MBE WBE OTHER
	Work Description:			
	Firm Name:			Value of Proposed Award: \$
	Address:			Fed ID No.
	City: State:	Zip:		Estimated Start Date:
	Contact Person:	•		Telephone:
	Email Address:			Type of Firm: MBE WBE OTHER
	Work Description:			

UTILIZATION PLAN

D. PERMANENT EMPLOYEE DISTRIBUTION

PRIME INFORMA	TION: CONTRACTOR CONSU	LTANT VE	ENDOR	
Name:				
Address:	City: _	State:	Zip:	
Contact Person:	Teleph	one Number:	Fax Number:	
E-Mail Address:				
	OF PERMANENT EMPLOYEES FEMALE EMPLOYEES		MALE EMPLOYEES NATIVE	
ENTER POSITION OR JOB TITLE	NATIVE WHITE BLACK AMERICAN HISPANIC AS	NAN WHITE	E BLACK AMERICAN HISPANIC	ASIAN
OK JOB TITLE	WHITE BLACK AMERICAN HISPANIC AS	MINITED TO SERVICE AND ADDRESS OF THE PERSON	BLACK MINISTER MANAGEMENT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EXECUTIVE AND O	WNER: For position titles such as President, Pa	rtncr, Owner, Treas	surcr, Secretary, etc.	
		_		
				
_				
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=				
PROFESSIONAL:	For position titles of individuals possessing	a License to practic	ce their profession	
		-		
		_		
_				-
TECHNICAL AND M	ANAGEMENT: For position titles except Exec	utive and Owner, P	rofessional, and Clerical & Supp	ort
		_		-
				-
				-
				-
CLERICAL AND SUI	PPORT:		_	
				-
				* 33
Type Name of Prir	ncipal or Officer		Type Title of Principal or C	Officer
Signature of Princi	pal or Officer		Date	