

ANDREW M. CUOMO Governor

ALFONSO L. CARNEY, JR. Chair

REUBEN R. MCDANIEL, IIIActing President & CEO

SECTION C

ALBANY (HEADQUARTERS): 515 Broadway, Albany, NY 12207 | 518-257-3000

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DORMITORY AUTHORITY STATE OF NEW YORK

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www.dasny.org



FOR DEMO PURPOSES ONLY

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

_	ertificate holder in lieu of such endors	sement(s).	CONTACT				
Your Agent or Broker				NAME:				
			(A/C, No, Ext): (A/C, No):					
				E-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE				NAIC#
				INSURER A: Your In				
INS	URED			INSURER B : Your In	surance Com	pany		
				INSURER C : Your In	surance Com	pany		
	Your Name			INSURER D : Your In				
				INSURER E : Your In				
				INSURER F: Your In				
CC	VERAGES CER	TIFICATI	E NUMBER:	I MOOKEK F .		REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS
INSF LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	CLAIMS-MADE X OCCUR		Va. 1			MED EXP (Any one person)	\$	5,000
A	X Include Independent Contractors	Y	XYZ-123	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY	s	2,000,000
	True			FW 2-5		GENERAL AGGREGATE	s	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				1 10	PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC					TROBOOTO COMITOL ACO	\$	
-	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	\$1,000,000
	X ANY AUTO				1	BODILY INJURY (Per person)	\$	
В	X ALL OWNED X SCHEDULED AUTOS		ABC-345	MM/DD/YY	MM/DD/YY	BODILY INJURY (Per accident)	s	
-	V NON-OWNED		11.2.2.1	ININITEDITI ININ	Commence of the control of the contr	PROPERTY DAMAGE (Per accident)	s	7
	HIRED AUTOS AUTOS					(Per accident)	\$	
-	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s	As Needed
C	EXCESS LIAB CLAIMS-MADE	Y	LLL-555	MM/DD/YY	MM/DD/YY	AGGREGATE	S	116116668
	OLAIMO-MAGE			3,000,000		AGGREGATE	\$	
-	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER	Ş.	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	50			12.00	Party Charles Control Branch Committee St. C.		
D	OFFICER/MEMBER EXCLUDED?	N/A	WCB-678	MM/DD/YY	MM/DD/YY	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE		1,000,000
=	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
E	Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA		MCK-777	MM/DD/YY	MM/DD/YY	Contract Value		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks	Schedule, if more space i	s required)			
Fa Th Yo	SNY Contract No: 3453909999 Project cility: The University of Albany, 1400 Was e following are Additional Insureds as resk; The State University of New York, SU thority of the State of New York is require	shington A pect to th NY Alban	Avenue, Albany, NY 12222 is project: the Dormitory A y and the Construction Ma	uthority-State of New	York; The St	ate University of New Yor	k, the	State of New
CE	RTIFICATE HOLDER			CANCELLATION				
	Dormitory Authority- State of I Attn: Purchasing	New York			N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
515 Broadway 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	ADDENDUM INFORMATION CERTIFICATE NUMBER: REVISION 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 / Designated work] [see attached endorsement]	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.		is available with this insurer	round property damage is excluded or restricted (GL policy) rer No changes made			
	Tes and Ind other 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 show	 wn above, will be shown in the Declaration

- 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 shown 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.



New York State Department of Taxation and Finance

Contractor Certification

ST-220-

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need help? below).

Contractor name				
Contractor's principal place of busines	s	City	State	ZIP code
Contractor's mailing address (if differer	t than above)			
Contractor's federal employer identific	ation number (EIN)	Contractor's sales tax ID number (# di	ifferent from contractor's EIN)	Contractor's telephone number
vered agency or state agency Contract number or description		Estimat the full (but not	stimated contract value over he full term of contract but not including renewals) \$	
Covered agency address			Covere	d agency telephone number

General information

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file a Form ST-220-CA, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and Individual, Corporation, Partnership, or LLC Acknowledgement on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006), available at www.nystax.gov. Information is also available by calling the Tax Department's Contractor Information Center at 1 800 698-2931.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

NYS TAX DEPARTMENT DATA ENTRY SECTION W A HARRIMAN CAMPUS **ALBANY NY 12227**

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227.

Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms:

1 800 748-3676

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications:

1 800 462-8100

Sales Tax Information Center:

1 800 698-2909

From areas outside the U.S. and outside Canada:

(518) 485-6800

Hearing and speech impaired (telecommunications

device for the deaf (TDD) callers only):

1 800 634-2110

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

1, _	, hereby affirm, under penalty of perjury, that I am
	(name) (title)
of t	he above-named contractor, and that I am authorized to make this certification on behalf of such contractor.
Со	mplete Sections 1, 2, and 3 below. Make only one entry in each section.
Se	ction 1 — Contractor registration status
	The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law, and is listed on Schedule A of this certification.
	The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.
Se	ction 2 — Affiliate registration status
	The contractor does not have any affiliates.
	To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
	To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.
Se	ction 3 — Subcontractor registration status
	The contractor does not have any subcontractors.
	To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
	To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made
Sw	orn to thisday of
_	(sign before a notary public) (title)

Schedule A — Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to Contractor	B Name	C Address	Federal ID Number	E Sales Tax ID Number	F Registration in progress
	*				
19					

- Column A Enter C in column A if the contractor; A if an affiliate of the contractor; or S if a subcontractor.
- Column B Name If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.
- Column C Address Enter the street address of the entity's principal place of business. Do not enter a PO box.
- Column D ID number Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.
- $\mbox{Column E} \mbox{Sales tax ID number Enter only if different from federal EIN in column D. } \\$
- Column F If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
STATE OF SS.:
COUNTY OF }
On theday of in the year 20, before me personally appeared,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that,
Town of,
County of,
State of; and further that:
[Mark an \boldsymbol{X} in the appropriate box and complete the accompanying statement.]
☐ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
☐ (If a corporation): _he is the
of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and o behalf of said corporation as the act and deed of said corporation.
☐ (If a partnership): _he is a
of, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
☐ (If a limited liability company): _he is a duly authorized member of
LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.
Notary Public
Registration No.