

**CITY OF IRVING  
CONTRACTOR'S CERTIFICATION OF  
WORKERS' COMPENSATION  
(To be Completed, Signed and Notarized by Insurance Agency)**

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, do  
(Insurance Agency)  
certify that the workers' compensation policy, of the insured \_\_\_\_\_,  
(Contractor)

on the "Standard Certificate of Insurance Form for the City of Irving" meets all current Texas state laws and requirements.

By: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, personally appeared \_\_\_\_\_, an authorized representative of \_\_\_\_\_  
(Insurance Agency)

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose of certifying that the Insured is covered by worker's compensation in accordance with current Texas state laws.

My commission expires:

\_\_\_\_\_  
Notary Public In and For the State of \_\_\_\_\_

**(Complete Only if You are Awarded This Contract)**

This Form to be Completed and Notarized by Your Insurance Agency and Returned to:  
Purchasing Division, P.O. Box 152288, Irving TX 75015-2288