



AFFIDAVIT FOR INSURANCE REQUIREMENTS
Attachment D-4 (rev. 12/31/08)

To Be Completed By Insurance Agent/Broker and Bidder/Proposer

Section 1 I, the undersigned Agent/Broker, reviewed the insurance requirements contained in ITB/RFP XXXX-XXF. If the Bidder/Proposer listed below is awarded a contract by the City of Irving for this ITB/RFP, I will furnish the City, within fifteen calendar days of notification of award, an insurance certificate and Declaration Page with Endorsements to show that all insurance requirements have been met, including naming the City of Irving as additional insured.

Agent's Name: _____

Agency Name: _____

Address: _____

City/State/ZIP: _____

Telephone No: () _____ E-mail Address: _____

Bidder's Name/Company: _____

Name of ITB/RFP: _____

Insurance Agent/Broker Signature: _____ Date: _____

Section 2 If the above fifteen day requirement is not met, the City of Irving has the right to reject this bid and award the contract to the next lowest bidder meeting specifications or to the next most favorable proposal. Questions concerning these requirements, and requests for exceptions, must be submitted by date included in Bidders'/Proposers' Instructions.

By submitting a bid/proposal and signing below I affirm the following: I am aware of all costs to provide the required insurance, will do so pending contract award, and will provide a valid insurance certificate meeting all requirements and policy endorsement within fifteen calendar days of notification of award. I further agree to the indemnification statement listed in the insurance requirements.

Signature: _____ Date: _____