

**Ms. Laura Cruickshank
Associate Vice President
Master Planner and Chief Architect
University of Connecticut
Planning, Design and Construction Services
31 LeDoyt Road
Storrs, CT 06269-3038**

University Project Name: _____
University Project Number: _____

CERTIFICATION:

I, the undersigned, am the official authorized agent to execute contracts on behalf of _____.

I certify that

pursuant to the statutory and contractual requirements applied to this Project, shall maintain the contractually required insurance coverage and limits for a period of no less than three (3) years after final payment and final completion of the work as acknowledged on the executed certificate as of _____.

The above statement is Sworn as True to the best of my knowledge and belief, subject to the penalties of false statement.

Print Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this ___ day of _____, 20 __.

Commissioner of the Superior Court (or Notary Public)