PF: 5- INSURANCE REQUIREMENTS DECLARATION – Glendale

THE PROPOSER'S INSURANCE COMPANY(S) OR INSURANCE AGENT MUST COMPLETE THIS FORM AND THE PROPOSER MUST SUBMIT THIS DECLARATION WITH THE PROPOSAL FORMS.

I, the undersigned (**check one box:** underwriter agent), certify that I and the Vendor listed below have jointly reviewed the "Insurance Requirements" in this Request for Proposals. If the City of Glendale ("City") awards the Contract for Comprehensive Operational Analysis and Integration Study for Glendale Beeline Transit System, I will be able—within thirty (30) calendar days after the Vendor is notified of the Contract's award—to furnish the City with valid insurance forms(including one or more insurance certificates and additional insured endorsements) that fully meet all of the Insurance Requirements.

Name of Insurance Company		Date		
Insurance Agent's Nam (Signature)	e (Printed)	Insurance Agent's Nar	ne	
Address Code	City	State	Zip	
Telephone Number	FAX Number	Email Ad	Email Address	
Vendor's Name		Request for Propo	osal	
		mpany Providing Coverag	ge:	
Below State the Na DO NOT write "Will Pro	vide," "To Be Deter	mpany Providing Coverag	ge: ed,"	

NOTE TO THE UNDERWRITER / AGENT: If the insurance forms that the Vendor submits to the City do not fully comply with the Insurance Requirements, and/or if the Vendor fails to submit the forms within the 30-day time limit, the City may: (1) declare the Vendor's Proposal non-responsive, and (2) award the Contract to the next highestscoring, responsible proposer.