ITB No: 23-84131503-H Attachment J Underwriter Certification Form Commercial Automobile Insurance

Underwriter						
: Department of Management Services						
ITB No: 23-84131	503-H					
oriate line of busine	ss as described in th	nis ITB, in	accordance	ce with sect	tion 624.404,	the
•				•	9	
writer Name ▼	AM Best Rating ►	2016	2017	2018	2019	
The undersigned affirms that has a minimum of ten					f ten years'	
	Signed By:					
	Printed Name: _					
	Title:					
	Company:					
	Department of Ma ITB No: 23-84131 Indersigned affirms in the statutes, or is an interest a Statutes. Indersigned affirms in the A- or a Financial limit writer Name Indersigned affirms in the statutes and the statutes are statutes. Indersigned affirms in the statutes are statutes affirms in the statutes are statutes.	Department of Management Services ITB No: 23-84131503-H Indersigned affirms it is in possession of priate line of business as described in the Statutes, or is an eligible surplus lines a Statutes. Indersigned affirms that the Underwriter at A- or a Financial Performance Rating writer Name ▼ AM Best Rating ▶ Indersigned affirms that Insert Underwriting ence in underwriting the insurance specing policy. Signed By: Printed Name: Title:	Department of Management Services ITB No: 23-84131503-H Indersigned affirms it is in possession of a valid are oriate line of business as described in this ITB, in a Statutes, or is an eligible surplus lines insurer in a Statutes. Indersigned affirms that the Underwriter selected in the A- or a Financial Performance Rating of five from writer Name ▼ AM Best Rating ▶ 2016 Indersigned affirms that Insert Underwriting Company Notes are in underwriting the insurance specifically identify goolicy. Signed By:	Department of Management Services ITB No: 23-84131503-H Indersigned affirms it is in possession of a valid and current oriate line of business as described in this ITB, in accordance Statutes, or is an eligible surplus lines insurer in accordance Statutes. Indersigned affirms that the Underwriter selected for this covert A- or a Financial Performance Rating of five from the current writer Name ▼ AM Best Rating ▶ 2016 2017 Indersigned affirms that	Department of Management Services ITB No: 23-84131503-H Indersigned affirms it is in possession of a valid and current Certificate or priate line of business as described in this ITB, in accordance with sect a Statutes, or is an eligible surplus lines insurer in accordance with sect a Statutes. Indersigned affirms that the Underwriter selected for this coverage has at A- or a Financial Performance Rating of five from the current Best's lawriter Name ▼ AM Best Rating ▶ 2016 2017 2018 Indersigned affirms that	Department of Management Services ITB No: 23-84131503-H Indersigned affirms it is in possession of a valid and current Certificate of Authority with oriate line of business as described in this ITB, in accordance with section 624.404, a Statutes, or is an eligible surplus lines insurer in accordance with section 626.915, a Statutes. Indersigned affirms that the Underwriter selected for this coverage has a Best's Rating at A- or a Financial Performance Rating of five from the current Best's Key Rating Guic writer Name ▼ AM Best Rating ▶ 2016 2017 2018 2019 Indersigned affirms that has a minimum of ten years' ence in underwriting the insurance specifically identified in this solicitation and the g policy. Signed By:

ITB No: 23-84131503-H

Commercial Automobile Insurance