



Attachment K
 Underwriter Certification Form
 ITB No: 2-84131600-W

Attn: Underwriter

From: Department of Management Services

Re: ITB No: 2-84131600-W
 Accidental Death & Dismemberment Statutory Death Benefits

The undersigned affirms he or she is in possession of a Certificate of Authority with the appropriate line of business, as stipulated in section 624.404, Florida Statutes, or is an eligible surplus lines insurer as stipulated in section 626.915, Florida Statutes.

The undersigned affirms that the Underwriter(s) selected for this coverage has a Best's Rating of at least A- or a Financial Performance Rating of five from the current Best's Key Rating Guide.

Underwriter Name ▼	AM Best Rating ►	2013	2014	2015	2016
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____

The undersigned affirms that **(insert Underwriting Company Name)** has a minimum of ten years' experience in underwriting the insurance specifically identified in this solicitation and the expiring policy.

Signed By: _____

Printed Name: _____

Title: _____

Company: _____

STATE OF _____
 COUNTY OF _____

The foregoing document was acknowledged before me this _____ day of _____ (month) 2017 by (name of person acknowledging).

(Signature of Notary Public – _____ State of _____)

(Print, Type or Stamp Commissioned Name of Notary Public)