



Attachment I
Broker Experience Certification Form
ITB No: 2-84131600-W

Attn: Bidder

From: The Department of Management Services

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

Please have this Certification completed and notarized. Include a copy of the notarized document with your bid. The original may be requested by this office.

The undersigned affirms that **(insert Respondent Company Name)** has a minimum of 10 years of experience in the placement and account management of 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)