

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

Attn: Underwriter

From: Department of Management Services

Re: ITB No: 23-84131503-H

The undersigned affirms it is in possession of a valid and current Certificate of Authority with the appropriate line of business as described in this ITB, in accordance with section 624.404, Florida Statutes, or is an eligible surplus lines insurer in accordance with section 626.915, Florida Statutes.

The undersigned affirms that the Underwriter 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 ►	2016	2017	2018	2019
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____

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

Signed By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_