

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual

 (signature)
 Print
 Name: _____
 Address: _____

 Telephone
 No.: _____

Corporation

 Print Corporation Name

 By: _____
 (signature)
 Print
 Name: _____
 Its: _____
 Address: _____

 Telephone
 No.: _____

Partnership

 Print Partnership Name

 By: _____
 (signature)
 Print
 Name: _____
 Its: _____
 Address: _____

 Telephone
 No.: _____

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____; or Produced identification _____ Type of identification produced _____

Signature of Notary _____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My commission expires: