

Insurance Broker/Company's Letterhead

INSURANCE BROKER CERTIFICATION

The undersigned Insurance Broker represents to the City of New York acting by and through the Department of Parks & Recreation ("Parks") that the attached Insurance Certificate, dated _____, concerning insurance policy number(s) _____ for

_____ is accurate in all material respects, and that the described insurance is effective as of this Certification date. I understand and agree that the insurance coverage for the entity and person (s) insured under this policy or policies may not be terminated, canceled, or non-renewed, regardless of cause or reason, without providing prior written notice to Parks.

Broker's Name [Typewritten]

Broker's Address & Telephone:
[Typewritten]

Signature of Authorized Official or Broker

Name & Title of Authorized Official or Broker
[Typewritten]

Sworn to before me this

_____ Day of _____, 20____

Notary Public