

CERTIFICATION BY BROKER

The undersigned insurance broker represents to the New York City Department of Education and the City of New York that the attached Certificate of Insurance, dated \_\_\_\_\_, concerning insurance policy number \_\_\_\_\_, is accurate in all material respects, and that the described insurance is effective as of the date of this Certification.

\_\_\_\_\_  
[Name of broker (Print)]

\_\_\_\_\_  
[Address of broker (Print)]

\_\_\_\_\_  
[Signature of authorized official or broker)]

\_\_\_\_\_  
[Name and title of authorized official (Print)]

\_\_\_\_\_  
Date

Sworn to before me this  
\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC