Notification of Compliance with Contract Insurance Requirements

**Contract No:**

The undersigned Contractor hereby acknowledges that he/she has read and understands the insurance requirements specified in this contract and hereby provides notification (1) that such insurance shall be maintained in at least the amounts and types as stated in FAR 28.307-2 and during any modifications and/or time extensions granted thereto; (2) that the required insurance policies shall contain an endorsement to the effect that any cancellation of material changes adversely affecting the Government's interest shall not be effective for such period as the laws of the State in which this contract is to be performed prescribe, or until thirty (30) calendar days after the insurer or contractor gives written notice to the Contracting Officer, whichever period is longer; (3) that \_\_\_\_\_\_\_\_\_\_\_\_\_ (state) Workers' Compensation Insurance, or letter of reciprocal agreement with another state, shall be maintained on this contract for and during the entire performance period and for any modifications and/or time extensions granted thereto; and (4) that a copy of all subcontractors' proofs of required insurance shall be maintained and shall be made available to the Contracting Officer upon request. This agreement shall be a part of subject contract and shall be legally binding and enforceable at law.

**INSURANCE COMPANY(S):**

Name:

Address:

Policy #:

Telephone #:

**CONTRACTOR:**

Company Name:

Address:

(Typed Name and Title) (Date)

(Authorized Signature)