

Annex C - CONFIRMATION OF INSURANCE CAPABILITY

RFQ Number: 2026-16

Project Title: GC Services for New-Build Elementary School in Cobourg

By signing this form, I, the undersigned, as the Authorized Representative of the Respondent named below, hereby declare the following:

1. I have reviewed and understood the insurance requirements outlined in the RFQ under Annex A – CSCMA Supplementary Provisions (CCDC 2 – 2020) - for this project.
2. Should our firm be selected to enter into an agreement with the Board, we confirm that we have the capacity and ability to obtain and maintain, at our own expense, the required insurance coverage for the duration of the Contract and any applicable warranty period.
3. We acknowledge that proof of insurance coverage, meeting the above requirements shall be provided to the Board prior to contract award and upon each policy renewal throughout the term of the Contract.

Name of the Respondent (Please Print)

Address of the Respondent (Please Print)

Name and Title of Authorized Representative (Please Print)

Signature of Authorized Representative

Date (MM/DD/YYYY)