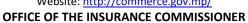


Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan, MP 96950
Website: http://commerce.gov.mp/



Telephone: (670) 664-3000



NOTE: Certification will be processed within FIVE (5) working days from the date received. Please TYPE OR PRINT clearly. Incomplete certification requests will be returned.			FOR OFFICIAL USE ONLY:	
Please TTPE OR PRINT Cleany. Incomplete	e certification requests will t	<u>je returneu.</u>	LOG:	
INSURER CERTIFICATION CI	LEARANCE REG	QUEST	CONCURRED BY & DATE	
Project No:	E	Bid Date:	L	
Description of Project:				
BID BOND \$	T (DO NOT LEAVE BLANK)			
AMOUN	T (DO NOT LEAVE BLANK)	CONTRAC	CT PERIOD	
Insurance (Bonding) Company	Bidder / Contractor Name:			
General Agent (if any)	Mailing Address:			
Contact No.:	Contact No.:	Email addı	'ess:	
Name of Contact Person(s)	Name and contact of Person authorized to pick up certification			
Concurrence: Signature of authorized Designated Representative of Insurance Company	Concurrence: Signature of authorized Designated Representative of the Contractor Company			
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INSURER CERT	IFICATION CLEAD	RANCE		
The Office of the Insurance Commissioner COMPLIANCE WITH		1 .	stated above is IN	
Certified this d	ay of	, 20		

REMEDIO C. MAFNAS Insurance Commissioner