

FLORIDA GULF COAST UNIVERSITY
CERTIFICATE OF CONTRACT COMPLETION

PROJECT NO:

CONTRACTOR:

CONTRACT FOR:

CONTRACT DATE:

CONTRACT AMOUNT:

CONTRACTOR'S AFFIDAVIT

I solemnly swear and affirm: That the Work under the above named Contract has been completed in accordance with the requirements of said Contract; that all costs incurred for equipment, materials, labor, and services against the Project have been paid; that no liens have been attached against the Project; that no suits are pending by reason of Work on the Project under the Contract; that all Workers' Compensation claims are covered by Workers' Compensation insurance as required by law; that all public liability claims are adequately covered by insurance, and that the Contractor shall save, protect, defend, indemnify, and hold the Owner harmless from and against any and all claims which arise as a direct or indirect result of any transaction, event, occurrence, or omission related to performance of the Work contemplated under said Contract.

CONTRACTOR:

_____ (SEAL)

Title: _____

Date: _____

STATE OF:

COUNTY OF:

Personally appeared before me this ____ day of _____, _____
_____, know or made known to me to be the
_____ of
(Owner) (Partner) (Corporate Officer-Title)

_____,
Contractor(s), who, being by me duly sworn, subscribed to the forgoing affidavit in my presence.

(Notary Public)

(Type Name)

My Commission Expires: _____