



The Navajo Nation **DR. BUU NYGREN** **PRESIDENT**
Yideeskáądi Nitsáhákees **RICHELLE MONTOYA** **VICE PRESIDENT**

REQUEST FOR PROPOSALS
FOR CONFERENCE SERVICES FOR GROUP RATE ACCOMMODATIONS ON GUEST
ROOMS AND MEETING SPACE
FOR NAVAJO SPECIAL DIABETES PROGRAM
BID NO.: 24-03-3285LE
DUE DATE: April 19, 2024

PURPOSE

Navajo Special Diabetes Program (NSDP) intends to seek and obtain CONFERENCE SERVICES FOR Hotel and Meeting Facility such as GROUP RATE ACCOMMODATIONS FOR GUEST ROOMS, MEETING SPACES, AND FOOD & BEVERAGE SERVICES FOR THE NAVAJO NATION SPECIAL DIABETES PROGRAM.

1.0 PROPOSAL SUBMITTAL REQUIREMENTS

1.1. To be considered, each bidder must submit a response to this Request for Proposal (RFP) and respond to the SELECTION CRITERIA identifying your understanding of the services requested. The proposal must be signed, in ink, by an official authorized to bind the bidder to its provision.

1.2. Proposals must be marked as "CONFERENCE SERVICES" and must be received by **5:00 p.m. MDST, Friday, April 19, 2024**. The bidder is responsible for the timely receipt of their proposal by the Navajo Special Diabetes Program. Late proposals will not be considered.

1.3. The content of this RFP, its attachments, the proposal, and any mutual understandings resulting from oral presentations will become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in the cancellation of a proposed contract. NSDP further reserves the right to interview the key personnel assigned by the successful bidder to this project. **NSDP reserves the right to reject any and all proposals.**

2.0 NONDISCRIMINATORY PRACTICES

2.1. In accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d-4, the NSDP hereby notifies all bidders that it will affirmatively insure that in regard to any contract entered into pursuant to this advertisement, minority business enterprises will be offered full opportunity to submit bids in response to this invitation and will not be discriminated against on the basis of race, color, sex, or national origin for an award.

3.0 LIABILITY

3.1 NSDP assumes no responsibility or liability for costs incurred by the vendor prior to the signing of an agreement. The total liability of the NSDP is limited to the terms and conditions of any contract resulting from this RFP.

4.0 INDEMNIFICATION

4.1 The contractor shall indemnify and hold harmless the NSDP and its agents and employees, from and against all claims, damages, losses, and expenses, including attorney fees arising out of or resulting from the performance of the work, which includes all labor, materials and equipment required to produce the services required by the contract, provided that any such claim, damage, loss or expense: 1) is injury to or destruction of tangible property (other than the work itself), including the loss of use resulting there from; and 2) is caused in whole or in part by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be

liable, regardless of whether or not it is caused in part by a party indemnified hereunder. The contractor assumes full responsibility and liability for compliance with any and all local, state, federal laws and regulations applicable to the contractor and its employees, including, but not limited to, compliance with the Occupational Safety and Health Act of 1970.

5.0 GENERAL PROPOSAL REQUIREMENTS

5.1 The proposals shall include the following:

5.1.1 Name of firm or company, business address, name of contact person, telephone number, fax number and email address (if applicable).

5.1.2 Total Price Cost of Proposal for group accommodations and meeting facility usages

5.1.3 Description of your firm, personnel and services provided.

5.1.4 Reason(s) why you believe your firm should provide these services to the NNSDP.

5.1.5 Copies of all applicable business licenses and insurance certificate (i.e., general liability).

5.1.6 Any other pertinent information that you believe will assist the NNSDP in understanding your company and assurances if awarded the contract.

5.1.7 All information contained in a proposal is subject to disclosure.

6.0 SELECTION CRITERIA and EVALUATION CRITERIA

Responses to this RFP will be evaluated based upon the following factors as presented to the bid proposals:

6.1 Capability, Qualifications and References-(30%)

6.1.1 The written proposal should indicate the ability of the vendor to meet the terms of the RFP.

6.1.2 The written proposal should indicate the competence of personnel whom the bidder intends to assign to the project.

6.2 Method of Approach - (20%)

6.2.1 This factor will be judged based upon the prepared specification provided in the Proposal.

6.3 Price - (50%)

6.3.1 This factor will be based on the total cost of the service.

Determine of how well the proposed methods of providing the service fits the needs of the NSDP. The above selection criteria are provided to assist responders to proposals and are not meant to limit other considerations that may become apparent during the course of the selection process.

Proposals will be reviewed and evaluated by the NSDP, and a recommendation for the award of the contract will be presented to the NSDP for disposition. Incomplete and/or late proposals will not be considered.

7.0 NEED FOR SERVICE and SERVICES REQUIREMENTS

NSDP is planning its annual staff meeting and development workshops. The project needs guest rooms, a meeting facility, and food & beverage services to accommodate the meeting and help achieve its objectives.

Group Lodging Double Occupancy Guest Rooms:

Thirty-five (35) Non-smoking Rooms x Four (4) Nights (Queen Size Bed Preferred)

Arrival Date: September 16, 2024

Departure Date: September 20, 2024

Group Lodging Single Occupancy Guest Rooms:

Five (5) Non-smoking Rooms x Four (4) Nights (Queen Size Bed Preferred)

Arrival Date: September 16, 2024

Departure Date: September 20, 2024

Meeting Rooms: Five Days of Conference Meeting Rooms/Breakout Conference Rooms

Meeting Date: September 16, 2024 (PM)

Departure Date: September 20, 2024

8.0SUMMARY

This RFP is designed to allow qualified vendors to demonstrate their capability of providing their guest accommodations services to the NSDP.

Two copies of the proposal shall be submitted in a sealed envelope labeled "CONFERENCE SERVICES" - DO NOT OPEN," to Attn: Lorita Etsitty, Buyer, Administration Building# 1, Window Rock Blvd., Window Rock, Arizona, or mailed to P.O. Box 9000 Window Rock, Arizona 86515. Bid documents and supplemental information regarding the project will be available online@ www.nnooc.org link: Purchasing. If any questions regarding this RFP call Rodgina Paul at 928-871-6856/6532 or email: rodgina.paul@navajo-nsn.gov

Format: Proposals should be 8 1/2" x 11", bound in a single document and organized in sections following the other specified under contents.

OTHER CONSIDERATIONS

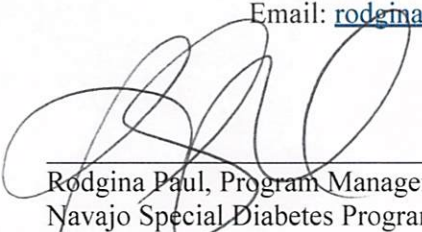
NSDP reserves the right to reject any and all proposals. This Request for Proposals does not commit the NSDP to award a contract, pay any costs incurred in the preparation of proposals, or to procure or contract for supplies or services.

NSDP reserves the right to negotiate with any qualified source or to cancel, in part of or in its entirety, this Request for Proposals, if it is in the best interest of the NSDP to do so. NSDP may require the selected bidders to participate in negotiations, and submit such price, technical or other revisions of the proposal that may result from negotiations.

QUESTIONS

Questions should be directed to:

Attn: Rodgina Paul, Program Manager III
Navajo Special Diabetes Program
P. O Box 3748
Window Rock, Arizona 86515
Telephone: (928) 871-6856/6532
Email: rodgina.paul@navajo-nsn.gov



Rodgina Paul, Program Manager III
Navajo Special Diabetes Program

Pricing Page FOR GROUP RATE ACCOMMODATIONS FOR GUEST ROOMS AND
 MEETING SPACE FOR THE NAVAJO SPECIAL DIABETES PROGRAM
 BID#: 24-03-3285LE
 DUE DATE: APRIL 19, 2024

GUEST ROOM ACCOMMODATIONS

ROOM DESCRIPTION	ESTIMATED# OF ROOMS	#OF NIGHTS	UNIT PRICE PER ROOM	TOTAL PRICE
SINGLE OCCUPANCY (Queen Size Bed-Non- Smoking Room)	5 Rooms	4 Nights		
DOUBLE OCCUPANCY (Queen Size Bed Non - Smoking Room)	35 Rooms	4 Nights		
<i>SUBTOTAL</i>				
<i>SALE TAX CHARGE</i>				
<i>GRAND TOTAL</i>				

MEETING ROOM AND EQUIPMENT REQUIREMENTS

Date	Start Time	End Time	Function	Setup	# people	Price Rate
09/16/24	1:00PM	5:00PM	Welcome Reception/Opening Session	Round	80	
09/17/24	8:00AM	10:00AM	General Session	Round	80	
09/17/24	10:00 AM	12:00 PM	4 - Break Out Sessions	Classroom	20	
09/17/24	1:15 PM	4:30 PM	4 - Break Out Sessions	Classroom	20	
09/17/24	6:00PM	7:00 PM	Dinner	Round	80	
09/18/24	8:00AM	10:00 AM	General Session	Round	80	
09/18/24	10:00 AM	12:00 PM	4 - Break Out Sessions	Classroom	20	
09/18/24	12:15 PM	1:30PM	Luncheon	Round	80	
09/18/24	1:30AM	5:00PM	4 - Break Out Sessions	Classroom	20	
09/19/24	8:00AM	10:00 AM	General Session	Round	80	
09/19/24	10:00 AM	12:00 PM	4 - Break Out Sessions	Classroom	20	
09/19/24	12:15 PM	1:30 PM	Luncheon	Round	80	
09/19/24	1:30AM	5:00 PM	4 - Break Out Sessions	Classroom	20	
09/20/24	8:00AM	10;30PM	Closing Session/Brunch	Round	0	
09/16- 09/19/24			Large Projection Screen in all General Session & Break Out Rooms			

09/16-09/19/24			Accessible Internet Access Services in all General Session & Break Out Rooms			
			<i>SUBTOTAL</i>			
			<i>SERVICE CHARGE</i>			
			<i>SALE TAX CHARGE</i>			
			<i>GRAND TOTAL</i>			

FOOD AND BEVERAGE REQUIREMENTS (Not to Exceed GSA Meal Per Diem Rates)

Date	Start Time	End Time	Function/Description	Setup	#of Meals	Unit Price	Total Price
09/16/24	1:00	5:00PM	Welcome Reception	Round	80		
09/17/24	10AM	10:30AM	Morning Break -		80		
09/17/24	3PM	3:30PM	Afternoon Break		80		
09/17/24	5PM	7:00PM	Dinner-Steak Entrees	Round	80		
09/18/24	10AM	10:30AM	Morning Break		80		
09/18/24	12PM	1:30PM	Luncheon-	Round	80		
09/18/24	3 PM	3:30 PM	Afternoon Break		80		
09/19/24	10AM	10:30 AM	Morning Break		80		
09/19/24	12PM	1:30PM	Luncheon-	Round	80		
09/19/24	3PM	3:30PM	Afternoon Break		80		
09/20/24	10AM	12:00 PM	Breakfast Brunch	Round	80		
			<i>SUBTOTAL</i>				
			<i>SERVICE CHARGE</i>				
			<i>SALE TAX CHARGE</i>				
			<i>GRAND TOTAL</i>				

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

	<p style="text-align: center; margin: 0;">Social security number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p style="text-align: center; margin: 5px 0;">OR</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="border: 1px solid black;"> <p style="text-align: center; margin: 0;">Employer identification number</p> </td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table>												-				-								<p style="text-align: center; margin: 0;">Employer identification number</p>																						-				-							
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and
Contracting Eligibility

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

Applicant Name

Name of individual signing on Applicant's behalf (print)

Applicant Address

Title of individual signing on Applicant's behalf

Applicant Address

Signature of individual signing on Applicant's behalf

Applicant Address

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	EMAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD. INSURER (INS) (WAV)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in IL) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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