CERTIFICATION BY BROKER

The undersigned insurance broker represents to York that the attached Certificate of Liability Ins	the Research Foundation of the City University of New surance, dated, concerning
insurance policy number	is accurate in all material respects, and that the described
insurance is effective as of the date of this Certif	fication.
New York that the Commercial General Liability	ents to the Research Foundation of the City University of y insurance policy, referenced in the Certificate of that may lawfully issue the required policy and has an and Poor's rating of at least AA.
	Name of broker (typewritten)
	Address of broker (typewritten)
	radiess of stoller (type whiteh)
	Email address of broker (typewritten)
	Phone number/ Fax number of broker (typewritten)
	Signature of authorized official or broker)
	Name and title of authorized official (typewritten)
State of)) SS.:	
County of)	
Sworn to before me this day of	20
NOTARY PUBLIC FOR THE STATE OF	