

750 Old Main St., Suite 203, Rocky Hill, CT 06067 Tel: (860) 372-4106 • Fax: (860) 372-4160

2435 Nooseneck Hill Road, Coventry, RI 02816 Tel: (401) 822-1000 • Fax: (401) 385-9987



AFFIDAVIT

Gentlemen:		
The undersigned states that he/she is	(Title of Officer)	of the
	and certifies that as of this da	ate , 20 ,
(Contractor/ Principal of Bond)		,
(Contractor/ Principal)	has completed the contract for	
	and the	at all subcontractors and
material suppliers have been paid in f	full and that he or she is not aware of circumsta	ances which might be the
basis of a claim under the bond(s) cap	pacity described below:	
Contract for:		
Contract date:		
Bond number:		
_		
В	By:	
Subscribed and sworn to before this _	day of, 20	
_	(Notary Public)	W.
N	My Commission Expires	Trusted