

INSURANCE COMPANY LETTERHEAD

S A M P L E

VERIFICATION CERTIFICATE

To be attached to the bond described below:

SURETY: (Insurance Company)

PRINCIPAL: (Developer)

OBLIGEE: Board of Supervisors of Fairfax County, Virginia

DESCRIPTION: (Project name and plan number)

BOND NO.:

BOND AMOUNT: If changing, enter From \$ _____ to \$ _____ (Written out & numerically)

EFFECTIVE DATE: We consent to the extension of the agreement secured by this bond to (Date)

This is to certify that this company has not terminated its Suretyship under the above described bond and that such bond according to its records is still in full force and effect.

Signed and Sealed this _____ day of _____, _____.
Month Year

(Name of Insurance Company)

By

Attorney-in-Fact
(Name of Attorney-in-Fact)

STATE/Commonwealth of _____:

County/City of _____:

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year

by _____.
Attorney-in-Fact for (Name of Insurance Company)

My Commission expires: _____

NOTARY PUBLIC

SEAL

S A M P L E

PLEASE NOTE: Addition of dates specifying bond termination or expiration are not acceptable.