

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual

 (signature)
 Print Name: _____
 Address: _____
 Telephone No.: _____

Corporation

WJHFL, LLC
 Print Corporation Name
 By: [Signature]
 (signature)
 Print Name: Keith Eaker
 Its: _____
 Address: 3091 Governors Lake Dr Ste. 300, Norcross, GA
 Telephone No. 407.951.2644

Partnership

 Print Partnership Name
 By: _____
 (signature)
 Print Name: _____
 Its: _____
 Address: _____
 Telephone No.: _____

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this 11 day of November, 2021, personally appeared Keith Eaker of WJHFL, LLC, a _____ corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known [Signature], or Produced identification _____ Type of identification produced _____

Signature of Notary [Signature] Print Name Brittany Watson

Notary Public: NOTARY STAMP BELOW

My commission expires:

