



621 Clock Tower Commons, Rt 22, Brewster, NY 10509  
Call: 800-660-6934 Fax: 845-279-5768

1062 Barnes Road, 3rd Floor Suite 306, Wallingford, CT 06492  
Call: 866-793-9999 Fax: 203-269-8155

16 Nooseneck Hill Rd, West Greenwich, RI 02817  
Call: 401-822-1000 Fax: 401-385-9987

# AFFIDAVIT

Gentlemen:

The undersigned states that he/she is \_\_\_\_\_ of the  
(Title of Officer)

\_\_\_\_\_ and certifies that as of this date \_\_\_\_\_, 20\_\_\_\_,  
(Contractor/ Principal of Bond)

\_\_\_\_\_ has completed the contract for \_\_\_\_\_  
(Contractor/ Principal)

\_\_\_\_\_ and that all subcontractors and  
material suppliers have been paid in full and that he or she is not aware of circumstances which might be the  
basis of a claim under the bond(s) capacity described below:

Contract for: \_\_\_\_\_

Contract date: \_\_\_\_\_

Bond number: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(Notary Public)

My Commission Expires \_\_\_\_\_

