

SAMPLE

COMPLETED OPERATIONS INSURANCE STATEMENT

Current Date

Addressed to
Name and Address of the
Owner and/or School District

Re: Type Project Name
Type Owner Name
Type Architect Project Number

To Whom It May Concern:

Products - Completed Operations Insurance will be maintained for a period of one (1) year after final payment.

Sincerely,

THIS LETTER MUST BE SIGNED AND NOTARIZED
AND SUBMITTED ON YOUR COMPANY
LETTERHEAD