

DESIGN-BUILD SERVICES FOR THE FIRST 5 LA FACILITY  
RENOVATION PROJECT

**Appendix E - Respondent's Acknowledgement of Compliance with  
Insurance Requirements**

Respondent agrees, acknowledges and is fully aware of the insurance requirements as specified in **Appendix F** and accepts all conditions and requirements as contained therein.

Respondent Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_