CONTRACTOR & VENDOR COMPLIANCE REQUIREMENTS
SECURITY AND IMMIGRATION

To All Prospective Contractors/Vendors:

Georgia law ¹ generally requires contractors who provide services to Kennesaw State University to furnish a notarized affidavit that they and their subcontractors use a federal work authorization program such as E-Verify. The Contractor E-Verify number must be a number between 4 and 6 digits. If you are bidding on a contract for Kennesaw State University, your bid cannot be considered until you submit your affidavit(s). Accordingly, you and your subcontractors must execute this affidavit unless you are exempt from this requirement.

NOTE: The E-Verify number is NOT the same as the Federal Employer Identification Number OR your E-Verify log-in id. If you need to register for the program or have registered but don't know your E-Verify identification number or date of authorization, information is available on the Department of Homeland Security website: http://www.dhs.gov/e-verify.

An E-Verify affidavit is not required if:

a. The contract is for goods only, and not for services.

b. The contract is for less than $2,500 and was not subject to a bidding process.

c. The contractor/subcontractor is a professional licensed pursuant to Titles 26 or 43 of the Georgia Code³ or by the State Bar of Georgia.

d. The contractor/subcontractor has no employees and does not intend to hire employees for purposes of providing services to Kennesaw State University. HOWEVER, such contractors or subcontractors must submit a copy of their state issued driver’s license or identification card in lieu of the affidavit. In addition, if you later need to hire employees to provide the services under the contract, then you will need to submit the attached affidavit.

e. The services will be performed outside of the United States.

f. The services will be performed in the United States by a visiting foreign national who is not eligible to be listed in E-Verify. HOWEVER, such contractors or subcontractors must provide proof that they hold an appropriate visa authorizing them to provide the services pursuant to the contract.

g. The contractor is providing services pursuant to a statewide contract through DOAS (in which case DOAS is responsible for obtaining the affidavit).

¹ O.C.G.A. 13-10-90 & 91
² www.uscis.gov/e-verify
³ http://www.legis.state.ga.us/
CONTRACTOR / SUBCONTRACTOR SECURITY AND IMMIGRATION COMPLIANCE
AFFIDAVIT

1. Contractor / Subcontractor Identification:

Name: ________________________________________________________________
Address: ______________________________________________________________
Phone: ________________________________________________________________
Email: _________________________________________________________________
EEV/E-Verify™ Company Identification Number: ______________________________
Date of Authorization: _________________________________________________

2. If you are a Subcontractor, please provide the name of the Contractor you work for:

____________________________________________________________________

3. Please provide the name or bid number of the project for which services are provided to Kennesaw State University:

____________________________________________________________________

4. **We use E-Verify and hereby certify our compliance.** The undersigned contractor or subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation providing services directly or indirectly to Kennesaw State University has registered with, is authorized to use, uses and will continue to use the federal work authorization program commonly known as E-Verify, or any subsequent replacement program for the duration of this contract or until June 30, ______, whichever is longer; and, that the undersigned will only further subcontract for the performance of services to Kennesaw State University with subcontractors who also present an affidavit pursuant to O.C.G.A. § 13-10-91(b); and, that its federal work authorization user identification number and date of authorization are accurately listed above.

I certify that the foregoing statements are true and correct to the best of my knowledge:

Executed on ______/_____/______ (MM/DD/YYYY), in _________________________(City), __________________(State)

____________________________________________________________________

(Signature of Authorized Officer or Agent)

____________________________________________________________________

(Printed Name and Title of Authorized Officer or Agent)

SUBSCRIBED AND SWORN BEFORE ME ON THIS

___________ DAY OF ________________, 20____.

______________________________
NOTARY PUBLIC

______________________________
My Commission Expires
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
ABC Insurance Company
123 Main Street
New York, NY 10001

CONTACT NAME: NAME:
PHONE (A/C, No, Ext): (555) 555-1234
FAX (A/C, No): (555) 555-1122
E-MAIL ADDRESS:

INSURERS AFFORDING COVERAGE
INSURER A: Insurance Company A
INSURER B: Insurance Company B
INSURER C: Insurance Company C
INSURER D: Insurance Company D
INSURER E: Insurance Company E
INSURER F: Insurance Company F

INSURED
Acme Holdings, Inc.
456 Third Street NW
Anytown, MI 48002

COVERAGE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AUTHORIZED REPRESENTATIVE

CERTIFICATE HOLDER
THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA
KENNESAW STATE UNIVERSITY
1000 CHASTAIN ROAD
KENNESAW, GA 30144

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

A
COMMERICAL GENERAL LIABILITY

CLAIMS-MADE ✔ OCCUR

POLICY NUMBER: XYZ1234567
07/01/2018 06/30/2019

CLAIMS-MADE LIMIT APPLIES PER:
POLICY ☑ PER OCCUR
RETIRED ☑ LOC
OTHER

LIMITS:
EACH OCCURRENCE $1,000,000
MED EXP (Any one person) $1,000,000
PERSONAL & ADV INJURY $2,000,000
GENERAL AGGREGATE $2,000,000
PRODUCTS - COMP/OP AGG $2,000,000

AUTOMOBILE LIABILITY

ANY AUTO ✔ OWNED
SCHEDULED AUTOS ☑
HIRED AUTOS ONLY ☑
NON-OWNED AUTOS ONLY ☑

POLICY NUMBER: AAA112233
07/01/2018 06/30/2019

CLAIMS-MADE LIMIT APPLIES PER:
POLICY ☑ PER OCCUR
RETIRED ☑ LOC
OTHER

LIMITS:
EACH OCCURRENCE $2,000,000
AGGREGATE $2,000,000

WORKERS COMPENSATION AND EMPLOYERS’ LIABILITY

X Y/N

POLICY NUMBER: INS-3456-1234
07/01/2018 06/30/2019

E.L. EACH ACCIDENT $100,000
E.L. DISEASE - EA EMPLOYEE $100,000
E.L. DISEASE - POLICY LIMIT $500,000

CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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