**Please complete requested information and submit this signed statement on business letterhead.**

**No Owned Autos Certification**

[Enter Contractor’s Name] does not own any automobiles. Should [Enter Contractor’s Name] purchase an automobile(s) during the term of Agreement [Enter Agreement #] with the California Health and Human Services Agency, Office of Technology and Solutions Integration, it shall obtain owned auto coverage consistent with the requirements of the Agreement and shall provide evidence of coverage to the State Contract Manager prior to using the automobile(s) in the performance of the Agreement.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title (Owner, Partner or Officer) |
|  |  |  |
| Signature |  | Date |