

Exhibit B
CERTIFICATE OF INSURANCE AND MINORITY STATUS

INSURANCE:

Name of Applying Firm: _____

State the name and address of Applying Firm's professional liability insurance carrier _____

Amount of coverage - \$ _____

Amount of deductible per claim: \$ _____

MINORITY STATUS:

Indicate the status of the Applying Firm and Associated Firm, if

applicable: APPLYING FIRM: MBE____WBE

____OTHER ____

ASSOCIATED FIRM: MBE____WBE____OTHER_____

Signature

Sworn and subscribed before
me This_day of _____, 20____

NOTARY PUBLIC

NOTARY SEAL

My Commission expires: _____