



THE BUILDERS ASSOCIATION OF NORTHERN NEVADA BENEFIT TRUST FUND

Annual Eligibility Attestation By Participating Employer

I, _____ hereby attest on this ____ day of _____,
(full name of attester) (date) (month)
20____ that my organization, _____ (“Organization”),
(year) (name of member employer group)

meets one or more of the following Builders Association of Northern Nevada Benefit Trust Fund (“BANN”) eligibility requirements:

-- check all that apply --

- Active Contractors License
- Developer
- Direct Jobsite Service/Facilitation
- Critical Component (e.g. Engineering, Architect, Planner, etc.) whose primary revenue stream is the building industry
- Supplier Direct to Builder or Industry Member whose primary revenue stream is the building industry
- Specialized scope of work/services offered in building/construction whose primary revenue stream is the building industry

Furthermore, this attestation authorizes BANN, or its authorized representative, to audit applicable records to confirm that Organization meets the eligibility requirements selected above, no more than one time annually. Such audit shall not cause undue burden on Organization. Organization may require BANN, or its authorized representative, as applicable, to sign reasonable confidentiality agreements.

The undersigned representative of Organization has reviewed the above information, agrees to its accuracy and is not an insurance agent or broker.

Signature: _____

Title: _____