

AFFIDAVIT OF DETROIT LAND BANK AUTHORITY CONTRACTORS

STATE OF MICHIGAN)

) ss.

COUNTY OF WAYNE)

I, _____, state under oath under penalty of perjury:

1. I am employed by _____ (“the Company”), located at [Address of the Company]
_____.

2. I have been employed by the Company for approximately _____ years. My current position at the Company is
_____. I am fully authorized to execute this Affidavit on behalf of the
Company.

3. I am familiar with the legal and contractual obligations of the Company in connection with work performed for the
Detroit Land Bank Authority (“DLBA”).

4. I understand that the Company is required by contract with the DLBA to ensure that all the work it does or engages
others to do for the DLBA complies with all applicable law. In addition to this general contractual requirement, both the
Company and I have familiarized ourselves with all laws and regulations related to workplace safety, specifically those
federal, state and local laws and regulations related to workplace safety during the COVID-19 pandemic. This includes,
but is not limited to:

- a. Michigan Occupational Safety and Health Administration (MIOSHA) Emergency Rules, Coronavirus Disease
2019 (COVID19), October 14, 2020, as may be amended,
- b. COVID-19 Safe Workplace Standards for Essential Construction Contracts Purchased by the City of Detroit, as
may be amended,
- c. Guidance on Preparing Workplaces for COVID-19 OSHA 3990-03 2020, as may be amended.

5. I affirm that prior to commencing work for the DLBA, the Company will develop and adopt a written COVID-19
preparedness and response plan consistent with Rule 4 of MIOSHA Emergency Rules COVID-19, as may be amended,
and will maintain records documenting compliance with the same.

6. I affirm that the Company and any subcontractors it may engage in completion of the Company’s work for the DLBA
will comply with all DLBA workplace safety directives relating to COVID-19 and with all applicable law, including the
laws and regulations relating to COVID-19, including those identified in this Affidavit.

7. I understand that the DLBA may conduct audits and inspections of Company records and worksites to confirm
Company compliance with all applicable COVID-19 related laws and regulations.

8. If called as a witness, I am competent to testify to the facts stated above.

Dated: _____, 2021

Signature _____

Printed Name _____

Subscribed before me on the ____ day of _____,

Signature _____

Printed name _____

Notary public, State of Michigan, County of _____

My commission expires _____