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**Verification Policies Acknowledgement and Agreement**

This Verification Policies Acknowledgement and Agreement is executed as of the date first set forth below and delivered to the Climate Action Reserve (the "Reserve") bythe undersigned verification body ("Verifier").

Verifier has reviewed and agrees to abide by the terms and requirements set forth in the following documents, which may be amended from time to time, as well as any additional documents that the Reserve may adopt in connection with verification activities : (i) the Climate Action Reserve Program Manual (the “Program Manual”); (ii) the Climate Action Reserve Verification Program Manual (the "Verification Program Manual; (iii) all protocols of the Reserve relating to projects types for which Verifier is accredited, which are accessible at <http://www.climateactionreserve.org/how/protocols>; and (iv) all Reserve Policy Memos. The Program Manual, Verification Program Manual, and Reserve Policy Memos are available at <http://www.climateactionreserve.org/how/program/program-manual>. Collectively, these documents are referred to herein as the “Policy Documents.”

All capitalized terms used and not defined herein shall have the meanings contemplated by the Verification Program Manual.

1. Verifier acknowledges and agrees to comply in all respects with all processes and procedures prescribed by, and all other provisions of, the Policy Documents, including without limitation the following obligations of Verifier under the Verification Program Manual, subject to the more detailed provisions contained therein:  
   1. Comply with all guidelines and policies of the Reserve, which shall be provided to Verifier in writing.
   2. At a minimum, have two Lead Verifiers on staff to enable the appropriate management of the verification program and the separation of powers and responsibilities between the role of Lead Verifier and the role of independent Senior Internal Reviewer. The Reserve does also allow for the use of subcontractors.
   3. Ensure that all of its Lead Verifiers are competent, and have undertaken and successfully completed protocol-specific training, as required by the Reserve.
   4. Ensure that a Lead Verifier directs, supervises and leads the undertaking of the verification services, including signing all written reports and statements.
   5. Ensure that the Senior Internal Reviewer is an active Lead Verifier as defined by the Reserve, has been trained on the relevant protocol and is able to demonstrate continued competence and appropriate continuing professional development.
   6. Ensure that all Verifier personnel working on project verification activities are competent, and have agreed to be bound by confidentiality obligations, including that Verifier accepts liability for any breach of confidentiality by its employees and agents.
   7. Maintain strict confidentiality with respect to any potentially market-sensitive information encountered while conducting project verification activities (except, with respect to any such information disclosed in the Verification Report, following the public release of such report by the Reserve).
   8. Provide the Reserve with a Notification of Verification Activities and Conflict of Interest (NOVA/COI) Form a minimum of **10 business days** before the commencement of work, so that the Reserve has an opportunity to review and address any potential conflicts and to observe any part of the verification activities it chooses.
   9. Ensure that Verifier duty of care is to the Reserve, not to the project developer and thus will maintain objectivity and impartiality while providing verification services.
   10. Not enter into any agreement or participate in any activity that could create a conflict of interest with a verification client without first notifying the Reserve in writing so that it may evaluate and mitigate any potential risks.
   11. Maintain professional liability insurance with a reputable insurer to the level of at least $4 million for each claim and $4 million annual aggregate. This professional liability insurance must be held separately from general or umbrella liability policies. The policy must provide coverage of damages and defense costs for any actual or alleged error, omission, neglect, misstatement or misleading statement, or breach of duty relating to verification activities undertaken by the verification body and have the Reserve named as an additional insured. The coverage territory for the insurance must include all geographic regions where the verification body operates and does business under the Reserve’s program. This insurance must be maintained for three years following the completion of verification services. Proof of insurance shall be provided to the Reserve within one month of the verification body’s usual insurance renewal date.
   12. Immediately report to the Reserve in writing (i) any material misstatement or omission determined to exist in any Verification Statement, List of Findings or Verification Report submitted to the Reserve and (ii) any material non-compliance with the Policy Documents determined to have occurred in connection with any verification activities performed by Verifier.
   13. Retain records in line with protocol requirements, or for **at least seven years** from the date the Verification Report is accepted, following the end of the crediting period (whichever is longer). Records to be retained shall include all relevant evidence to support that Report.
   14. Provide full and free access to the Reserve to obtain all records, documents, accounting and other information maintained by the verification body in relation to Reserve projects.
2. Verifier shall ensure that each person who performs verification activities on behalf of Verifier is trained on and knowledgeable of all provisions of the Policy Documents applicable to the verification activities performed by such person.
3. Verifier shall submit to the Reserve a completed and signed copy of the Verification Staff Reporting Form attached hereto as Exhibit A (i) on the date hereof and (ii) annually thereafter and promptly following verification personnel changes in accordance with the instructions set forth on such form.
4. Verifier authorizes the Reserve to conduct all activities involving or related to Verifier that are contemplated by the Policy Documents, including without limitation oversight of verification activities in accordance with Section 5.1 of the Verification Program Manual.
5. If the Reserve determines (after completion of any appeal made by Verifier in accordance with the formal appeals process detailed in the Policy Documents) that an error was made by Verifier or that negligence or gross negligence, willful misconduct or fraudulent activity on the part of Verifier has occurred, and resulted in the issuance of any Climate Reserve Tonnes that do not reflect actual greenhouse gas reductions or removals in accordance with the Policy Documents or that were otherwise issued in violation of the Policy Documents, the Verifier will replace an equal number of Climate Reserve Tonnes, at a cost up to, but not to exceed, the professional liability insurance annual aggregate amount set forth above in Paragraph 1(xi).
6. Verifier authorizes the Reserve to share with the relevant accreditation body any formal or informal correspondence between verifier and the Reserve relating to verification activities under the Reserve program.
7. Verifier acknowledges and agrees as follows:
   * 1. This Verification Policies Acknowledgement and Agreement, all Verification Reports, Verification Statements, Lists of Findings submitted by Verifier to the Reserve, and any additional documentation submitted by the Verifier to the Reserve, including but not limited to Verification Staff Reporting Forms (collectively, "Verification Documents"), may be relied upon by the Reserve and its successors and assigns in connection with, but not limited to, the issuance of Climate Reserve Tonnes and shall therefore be free from material errors;
     2. In the event of any breach of this Verification Policies Acknowledgement and Agreement (including without limitation any non-compliance with the Policy Documents) or any material misstatement or omission contained in any Verification Document or any Verification Staff Reporting Form, the Reserve shall be entitled to pursue any rights and remedies available at law or in equity in any court of competent jurisdiction, provided, however, the Verifier’s total liability, if any, for any such damages related to this Agreement shall not annually exceed the professional liability insurance annual aggregate amount set forth above in Paragraph 1(xi); and
     3. If at any time the Reserve determines, in its sole discretion, that any such breach or material misstatement or omission has occurred, the Reserve shall have the right to immediately revoke Verifier's status as an authorized verification services provider and may bar Verifier from providing verification services to the Reserve for as long as the Reserve deems appropriate.

This Verification Policies Acknowledgement and Agreement is executed by Verifier as of the date first set forth below.

**VERIFIER**

|  |  |
| --- | --- |
| Verification Body: |  |
| Signature of Duly Authorized Representative: |  |
| Name and Title of Signatory: |  |
| Date: |  |

**Exhibit A**

**CLIMATE ACTION RESERVE**

**VERIFICATION STAFF REPORTING FORM**

The purpose of this form is to ensure that all personnel of the undersigned verification body performing verification activities are disclosed to the Climate Action Reserve (the "Reserve"). All personnel undertaking verification activities must be listed on this form and the form must be signed by a duly authorized representative of the verification body. Please include the relevant role that each individual currently performs during verification activities.

This form must be submitted to the Reserve concurrently with the annual delivery of the Verification Policies Acknowledgement and Agreement. In addition, an updated copy of this form must be submitted to the Reserve promptly following any personnel change within the verification staff of the organization that affects the persons required to be disclosed on this form.

Please attach relevant supporting information (e.g., job classifications, experience, education, academic degrees, and professional licenses). Following the initial submission of any such information, the same information need not be submitted again with subsequent submissions of this form. Changes in and additions to previously submitted information, however, should be reported with any submission of this form.

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| --- | --- | --- | --- |
| **Name of Verification Body:** |  | | |
| **Name of Primary Contact:** |  | | |
| **Contact Information:** | Mailing Address | Email Address | Phone Number |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employment Status:** | Verification Body Employee | Subcontractor – Please specify employer: | |
| **Role:** | Lead Verifier | Verifier | Other Staff – Please Specify: |

This Verification Staff Reporting Form is executed by the undersigned verification body as of the date set forth below.

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| --- | --- |
| Verification Body: |  |
| Signature of Duly Authorized Representative: |  |
| Name and Title of Signatory: |  |
| Date: |  |