

Vendor Insurance Verification and Certificate Form

Please complete all sections of this form for insurance verification. This document is formatted for printing and record-keeping.

1. Vendor Information

Vendor Business Name:

Contact Person Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Insurance Agency & Agent Details

Insurance Agency Name:

Assigned Agent Name:

Agency Phone Number:

Agency Email Address:

3. Policy Information & Coverage Limits

A. Commercial General Liability

Insurance Carrier:

Policy Number:

Effective Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

Each Occurrence Limit (\$):

General Aggregate Limit (\$):

B. Automobile Liability (If Applicable)

Insurance Carrier:

Policy Number:

Effective Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

Combined Single Limit (\$):

C. Workers' Compensation and Employers' Liability

Insurance Carrier:

Policy Number:

Effective Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

EL Each Accident / Disease Policy Limit (\$):

4. Certificate Holder Information

Certificate Holder Organization:

Holder Street Address:

Contact Person / Department:

5. Verification and Authorized Signature

I hereby certify that the insurance coverage listed above is active, accurate, and meets the requirements outlined in the vendor agreement.

Authorized Representative Printed Name:

Title / Role:

Signature (Sign after printing):

Date of Verification (MM/DD/YYYY):