

DATE (MM/DD/YYYY)

INSURANCE VERIFICATION FORM

NAMED INSURED(S)		
POLICY NUMBER	EFFECTIVE DATE	CARRIER

A. Primary General Liability Insurance Policy (check yes or no and provide additional information for any "yes" answer)

I. Specific operations excluded or restricted.

Yes No

If no is selected, no Risk Management Review

- a. Location: _____
- b. Construction Type/ Class: _____
- c. Building Height: _____
- d. Classification Endorsement (attach to this form): _____
- e. Designated Work Endorsement (attach to this form): _____

II. Additional Insured Endorsement (check which one applies)

 CG 20 10 CG 20 26 (attach to form) CG 20 37 CG 20 38

No other additional insured form is acceptable.

If one box is selected, no Risk Management Review

III. Professional Exclusion (check which one applies)

 22 79 22 80 None

If one box is selected, no Risk Management review

No other professional exclusion is acceptable.

IV. Provide a response for each question verifying that the corresponding statement is accurate with respect to the named insured's policy. If any of these statements are not accurate with respect the named insured's policy, the named insured will be deemed non-compliant and will remain non-compliant until the deficiency is corrected.

If No is selected, Risk Management review needed. Yes No Additional insured coverage is primary and non-contributory to any of additional insured's other insurance.

Yes No The policy form is an ISO occurrence form, 2013 edition or later.

Yes No The definition of "insured contract" is consistent with ISO occurrence form, 2013 edition or later.

Yes No Blanket subrogation waiver included.

If Yes is selected, Risk Management review needed. Yes No Restriction of coverage for additional insureds with respect to coverage for injury to employees of a/any named insured.

Yes No Restriction of coverage for earth movement, excavation, collapse or underground property damage.

Yes No Restriction of coverage for suits between named insureds and additional insureds.

Yes No Restriction of coverage for property damage to work performed by subcontractors.

POLICY INFORMATION (continued)

V. Policy Deductible/ Self-Insured Retention

a. Does the Policy include a deductible: Yes No ; or self-insured retention: Yes No

If yes for either, Risk Management must approve.

b. If the Policy includes a deductible or self-insured retention, indicate the amount: _____

VI. Policy Limits

Are the Policy Limits applied on a per project or annual basis? _____

If annual basis, Risk Management review is needed

B. Umbrella/Excess Policy

Provide a response for each question verifying that the corresponding statement is accurate with respect to the named insured's policy. If any of these statements are not accurate with respect the named insured's policy, the named insured will be deemed non-compliant and will remain non-compliant until the deficiency is corrected.

If No is selected, Risk Management review needed.

Yes No Additional insured coverage is primary and non-contributory to any of additional insured's other insurance.

Yes No The definition of "insured contract" is consistent with ISO occurrence form, 2013 edition or later.

Yes No Blanket subrogation waiver included.

If Yes is selected, Risk Management review needed.

Yes No Restriction of coverage for additional insureds with respect to coverage for injury to employees of a/any named insured.

Yes No Restriction of coverage for earth movement, excavation, collapse or underground property damage.

Yes No Restriction of coverage for suits between named insureds and additional insureds.

Yes No Restriction of coverage for property damage to work performed by subcontractors.

C. Auto Liability Insurance

Provide a response for each question verifying that the corresponding statement is accurate with respect to the named insured's policy. If any of these statements are not accurate with respect the named insured's policy, the named insured will be deemed non-compliant and will remain non-compliant until the deficiency is corrected.

If any response is No, Risk Management review needed.

Yes No Each entity required has been added as an additional Insured.

Yes No Coverage is on an "any auto" basis.

Yes No Blanket subrogation waiver included.

INSURANCE AGENT/ BROKER - AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)