

RISK MANAGEMENT & ENVIRONMENTAL HEALTH & SAFETY
REQUEST FOR INFORMATION: VENDOR INSURANCE REQUIREMENTS

Please submit this form to request appropriate insurance limits and types of insurance for vendor service.

Fax completed form to 305.348.3574

Name: _____ Email: _____ Phone: _____

Provide brief description of vendor services:

Value of Requisition: \$ _____

Project/Delivery Date: _____

Project/Service End Date: _____

N/A

Select ALL that Apply (*See Generic Vendor Insurance Requirements*)

GOODS & SUPPLIES:

Equipment Purchase & Installation

CONSTRUCTION

Construction High Risk

Construction Medium Risk

Construction Lower Risk

PROFESSIONAL SERVICE

High Risk

Lower Risk

OTHER

Artist, Entertainer, Guest Speaker, Etc. _____

Academic Support Service Provider: _____

Municipality/Government Entity: _____

Other _____

Other relevant information:

DATE RECEIVED: _____ PROCESSED BY: _____ DATE: _____