

New:
Renewal:

INSURANCE CHECKLIST

Email documents to: Insurance_Request@ci.richmond.ca.us

CONTRACTOR: _____ DATE OF CONTRACT: _____ P.O. # _____
 DEPARTMENT: _____ REQUESTOR & PHONE #: _____ CONTRACT TYPE: _____
 DESCRIBE PROJECT / WORK: _____

Required?		Type of Insurance	Insurance Company Name	Policy Number	Expiration Date	Per Occurrence Insurance Limit	Endorsement Attached?		Request Waiver
Yes	No						Yes	No	
		General Liability							
		Auto Liability							
		Excess/Umbrella Liability							
		Workers' Compensation							
		Professional Liability							

APPROVED: _____ DATE: _____
 Authorized Risk Management Signature

Risk Management Use Only		
Waiver Approved: Yes:	No:	N/A: