

REQUIRED INFORMATION NEEDED TO ENTER VENDOR/FACILITIES USER INTO

RISK TOOLBOX

NAME OF INSURED USING OR								
ENTERING TOWNSHIP PROPERTY								
ADDRESS OF	INSURED							
CITY		STATE		ZIP CODE				
PHONE NUM	BER							
CONTACT PERSON				TITLE				
EMAIL ADDRESS								
BUSINESS NAME, IF								
DIFFERENT THAN								
NAME OF INSURED								
TO BE FILLED OUT BY WINSLOW TOWNSHIP EMPLOYEE ADDING VENDOR								
VENDOR ID NO.								
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COI RISK PROFILE (must choose one):

X	TYPE OF SERVICE	X	TYPE OF SERVICE
	#1 Repair/Minor Contractor:		#7 Consultants/Professionals:
	Contracts up to \$50,000		Attorney, Auditor, Engineer
	#2 Building Contractor up to 1M		#8 Supplier/Vendors
	#3 Building Contractors/Construction		#9 Use of Facility: Private Citizen,
	(1M-5M)		Org or non-Business Group
	#4 Building Contractor/Construction		#10 Towing Contractors
	(5M+)		
	#5 Trade Contractors: Painters,		#11 Event Vendors
	Landscapers, Plumbers)
	#6 Environmental Contractors or		#12 Gun Ranges
	Consultants		

HOLD HARMLESS (must choose one):

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(Hold Harmless Required	Hold Harmless Not Required