



Insurance Requirements Questionnaire

1. Name of the Vendor (if known) & Principal Contact:

CA
Number _____

2. Anticipated contract cost & term (including renewals):

Mark an "x" in applicable box

Contract Renewal (*attach copy of existing insurance requirements*) Sole / limited source

3. Specifically describe work to be performed & any hazards normally associated with this type of work. Note any equipment (e.g. forklifts, excavators) to be used.

4. Give location where vendor will do work:

5. Motor Vehicle Use – Mark an "x" as applicable

- Vendor will come to county property
- Vendor will drive in the course of providing contract services
- Common Carrier Delivery only (e.g. FedEx shipment)
- No motor vehicle use of any kind



Dept. Contact. _____

Department _____

Extension _____

Insurance Questionnaire
Amended March 22, 2005