

City of Collinsville

Insurance Verification Form

Name of Insured _____

Telephone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Contractor Federal/State Employer Identification Number (EIN) _____

Worker's Compensation Information

Name of Insurer _____

Telephone _____ Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Amount of Coverage _____

Policy Effective Date _____ Policy Expiration Date _____

General Liability Information

Name of Insurer _____

Telephone _____ Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Amount of Coverage _____

Policy Effective Date _____ Policy Expiration Date _____