



CONTRACTOR INFORMATION REQUEST FOR INSURANCE CLAIM

DATE:

CONTRACTOR:

PROJECT ADDRESS:

INSURANCE CARRIER:

CLAIM AMOUNT:

Please provide the following information required to process the claim:

- Copy of your State's Contractor's Registration
- Contractor Letter of Good Standing
- Certificate of Insurance showing General Liability, Auto (if applicable), and Workman's Comp as required by your State's law. If you are exempt from Workman's Comp insurance provide your Letter of Exemption.
- For all non-payroll workers or sub-contractors working on the job:
 - Copy of their State's Contractor's Registration for worker's performing work and materials of more than \$2,000.
 - Contractor Letter of Good Standing, if registered
 - Certificate of Insurance showing General Liability, Auto (if applicable), and Workman's Comp as required by State law. If exempt from Workman's Comp insurance provide their Letter of Exemption.
- Copy of your W-9 made out to the homeowner's
- Contractor's disclosure form made out to the homeowner's as required under State Code
- A copy of your contract with the homeowners as required under State Law