

METHOD FLEET WRAPS
CERTIFICATE OF INSURANCE SUBMISSION FORM

Vendor Information

Company Name:

Contact Name:

Phone:

Email:

Insurance Carrier:

Policy Number:

Policy Expiration Date:

Coverage Requirements

The Vendor certifies that the following insurance coverage is currently active:

☐ Commercial General Liability Insurance

Coverage Amount:

\$ _____

☐ Commercial Auto Liability Insurance (if applicable)

Coverage Amount:

\$ _____

☐ Workers Compensation Insurance (if applicable)

Coverage Amount:

\$ _____

Required Documents

☐ Certificate of Insurance Attached

☐ Additional Insured Endorsement (if available)

Vendor Certification

I certify that the insurance information provided is accurate and that the above policies will remain active while performing work for Method Fleet Wraps.

Vendor Representative:

Signature:

Date: