Supplier Insurance Assessment Form

(Last Revised October 2014)

All areas must be filled out completely

Name: _____

Address: _____

_____

City: _____

State: _____

Zip: _____

Vendor Contact: _____

Contact Email: _____

Please explain what Products or Services the Supplier is providing to NYU below:

Supplier please fill out the left half only

Vendor - List Your Insurance Coverage Below		Insurance Use Only	
☐ General Liability (Ea Occ)	$	☐ General Liability (Ea Occ)	$
☐ Automobile Liability	$	☐ Automobile Liability	$
☐ Umbrella Excess Liability	$	☐ Umbrella Excess Liability	$
☐ Workers Compensation	☐ Statutory Limits	☐ Workers Compensation	☐ Statutory Limits
EL Each Accident	$	EL Each Accident	$
EL Disease - Each Employee	$	EL Disease - Each Employee	$
EL Disease - Policy Limit	$	EL Disease - Policy Limit	$
☐ Liquor Liability	$	☐ Liquor Liability	$
☐ Professional Liability	$	☐ Professional Liability	$
☐ Other	$	☐ Other	$
☐ Other	$	☐ Other	$
		☐ PO Only	☐ All PO's

Signature (Procurement) Date

Signature (I&ERM) Date