

INSURANCE VERIFICATION LETTER

FULL LEGAL NAME OF COMPANY: _____

CONTACT NAME: _____ E-MAIL: _____

CONTACT TITLE: _____ TEL: _____

Company listed above authorizes insurance agent to release the information requested below to Atlas Building Company. Please return the completed form to accounting@atlasbuilds.com at your earliest convenience.

Name & Title of person authorized to request verification on behalf of Company

Signature

Date

Section below to be completed by insurance representative

Insurance coverages meet or exceed requirements set forth in Exhibit E of Atlas Building Company Subcontract Agreement (attached) (Y/N)

If no, is insurance available to the insured to meet Exhibit A requirements (Y/N) _____

Insured's current EMR _____

All officers and employees are covered by Worker's Comp insurance (Y/N): _____

Insured qualifies for the 2% Safety Program Premium Credit (Y/N) _____

Insured qualifies for the 5% Drug Free Workplace Premium Credit (Y/N) _____

Insured has a deductible and/or self-insured retention in excess of \$10,000 (Y/N) _____ If yes, please explain in comments.

Comments: _____

Return with this letter a current Certificate of Insurance.

Name of Insurance Agency _____

Name of Agent _____

Signature of Agent providing verification _____

Date: _____