



VENDOR / CONTRACTOR
INSURANCE EXPIRATION NOTICE

Community Name: _____

Dear Vendor / Contractor:

The above referenced community is managed by RealManage. During our most recent inspection of our records, it was discovered that certain necessary information previously provided by you is no longer current or is about to expire. To make certain that your invoices are paid promptly and to retain your status on our preferred vendor list, we ask that you please complete and return this form and provide the requested information checked below.

Company Name: _____

Doing Business As _____
(If applicable)

Mailing Address _____

Telephone #: _____ E: Mail: _____

Federal Tax ID No _____ OR SS#: _____

Please provide the information checked below:

- Checkboxes for: Certificate of Liability Insurance*, Certificate of Workers' Compensation Insurance*, Certificate of Automobile Insurance*, Copy of Occupational License

*IMPORTANT: Insurance certificates must be original signed certificates or emailed directly from the insurance carrier and must contain the name of the correct additional insured entity as well as the correct language in the Description of Operations box. If you do not know what correct name of the entity is or what language is required in the Description of Operations box, please ask and we will provide a sample COI with the correct language for your reference.

PLEASE SIGN AND RETURN THIS FORM AND OCCOMPANYING DOCUMENTS TO:

MAIL: RealManage OR EMAIL: _____

Name of Person Completing Form Title Date