

THE HOUSING AUTHORITY OF THE CITY OF MONTGOMERY, ALABAMA

INSURANCE COVERAGE CHECKLIST

TO THE PROPOSER:

Please list the amount of insurance coverage that your firm currently carries.

INSURANCE COVERAGES	LIMITS	NAME OF CO.
1.0 Workers Compensation	_____	_____
2.0 Employers Liability	_____	_____
3.0 General Liability	_____	_____
4.0 Automobile Liability	_____	_____
5.0 Ind. Contractor Liability	_____	_____
6.0 Personal Injury	_____	_____
7.0 Professional Liability	_____	_____

Please provide a contact person and phone number for each type of insurance carried by your firm.

PROPOSER'S STATEMENT

I understand the insurance requirements and will comply in full if awarded the contract.

Signature **Date**

Name (Printed or typed)