***Coverage Compliance Verification©* (CCV) Program**

In order to provide you with a better idea of our *Coverage Compliance Verification©* (CCV) Program and how it would work specifically with your Contract and Insurance requirements at the time of our discussion, please send us the following information, along with a brief answer to the following questions at your earliest convenience.

Doing so will also enable us to give you a better idea of the fee structure as it will apply to your choices. Final pricing will be provided after determining the specific choices and Staffing Model you prefer, including the amount of Personal contact and Customer services for communication and phone calls with your Contractors and Vendors that we will discuss.

Please email the following to me—

1. Sample Copy of one of your Construction Contracts for GCs or Trade Contractors that you would like us to discuss and demonstrate.

2. Sample Copy of one of your NON Construction Contracts if you would like to discuss that.

3. A Copy of your Insurance Requirements from your Contract(s) if you have this as a separate document based on your Contract(s)

Also, Please answer the following questions, along with your best number estimate—

1. Total Current or Anticipated # of annual Certificates of Insurance that are NOT Construction related (Vendors, Professional Services, Suppliers, Facility Usage, etc.) **TOTAL:** Click here to enter text.

2. Total Current or Anticipated # of annual Certs that are Construction related (including

Professional Services, Maintenance or Repair)

**TOTAL:** Click here to enter text.

3. Do you track the Certs for the Subs of your GCs and Contractors?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | **YES** | ☐ | **NO** |

a. Is this # included in the Cert count above?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | **YES** | ☐ | **NO** |

b. If not, your best estimate of the # of Subs –

**TOTAL:** Click here to enter text.

4. Anticipated # of Annual Projects for Construction, Maintenance, or Repair?

**# of Projects:** Click here to enter text.

a. Type of Projects: Click here to enter text.

5. Do you hire services for which you do NOT require a Contract (Purchase Orders, Letters of Intent, Memorandum of Understanding, etc.)?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | **YES** | ☐ | **NO** |

a. If so, # per year – **Click here to enter text.**

6. Finally, How are you verifying your *Coverage Compliance©* now?  **Click here to enter text.**

We would like to schedule a conference call and discussion of the CCV program for you using your specific information, please reply by email with the information above at your earliest opportunity.

Upon receipt of this information, we will arrange and be in touch with you regarding the conference call details.

In the meantime, you can click on the link below to see a brief overview of the *Coverage*

*Compliance Verification*© *Program*.

Do your Contractors have the right coverage? Our labor saving *Coverage Compliance©* Program facilitates, verifies, and provides documentation your Contractor’s coverage complies with your Insurance Requirements. Information at [www.CoverageComplianceVerification.com](http://www.coveragecomplianceverification.com/)