

Attachment C

Company: _____

Address: _____

City: _____ State: _____ ZIP : _____

Name: _____

Title: _____ E-mail: _____

Telephone: _____ Fax: _____

Years in business: _____ Number of employees: _____

Name of Insurance Carrier(s): _____

Public Liability: _____

Expires: _____

Worker's Compensation: _____

Expires: _____