

**REQUIRED INFORMATION NEEDED TO ENTER VENDOR/FACILITIES USER
INTO RISK TOOLBOX**

| | | | |
|---|--|--------------|-----------------|
| NAME OF INSURED USING OR ENTERING TOWNSHIP PRORPERTY | | | |
| ADDRESS OF INSURED | | | |
| CITY | | STATE | ZIP CODE |
| PHONE NUMBER | | | |
| CONTACT PERSON | | TITLE | |
| EMAIL ADDRESS | | | |
| BUSINESS NAME, IF DIFFERENT THAN NAME OF INSURED | | | |
| <i>TO BE FILLED OUT BY WINSLOW TOWNSHIP</i> | | | |
| TYPE OF WORK | | | |
| DATE OF WORK | | | |
| DEPARTMENT WORK IS BEING PERFORMED FOR | | | |
| TOWNSHIP FACILITY BEING USED | | | |
| DATE FACILITY BEING USED | | | |
| VENDOR ID NO. | | | |
| COI RISK PROFILE | | | |
| DOC RISK PROFILE | | | |