



INSURANCE TRANSMITTAL FORM (ITF)

Please attach contract or agreement and send to:
riskmanagement@fairfield.ca.gov

Date:			
Requestor's Information		Vendor's Information	
Department:		Company Name:	
Name:		Primary Contact:	
Job Title:		Job Title:	
Phone:		Primary Phone:	
Email:		Primary Email:	
Contract, Bid Number and/ or Description of Work:			

Insurance Requirements (To be completed by Risk):

		Explanation:
Commercial General Liability		
Comprehensive Auto Liability		
Workers' Compensation and Employers' Liability		
Professional Liability (Errors and Omissions)		
Cyber Liability		
Excess Liability Coverage		
Contractors Pollution Liability		
Completed and On-Going Operations		
Technology Risk Assessment Required		
Other		

RISK APPROVAL:

Compliance Status :

Expiration Date: