

Vendor License Form Sample

Download our **vendor license form sample** to ensure compliance with all necessary insurance requirements. This form helps streamline the vendor registration process by clearly outlining the required insurance coverage. Protect your business and vendors by using an easily customizable template tailored to your specific needs.

Vendor Information

Vendor Name	
Contact Person	
Address	
Phone	
Email	
Business Type	
Tax ID/EIN	

Insurance Requirements

Insurance Type	Minimum Coverage	Expiration Date	Certificate Attached
General Liability	\$1,000,000 per occurrence / \$2,000,000 aggregate		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation	Statutory Limits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile Liability	\$1,000,000 combined single limit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Liability (if applicable)	\$1,000,000 per occurrence		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: All insurance certificates must list *[Your Company Name]* as an additional insured and be valid for the duration of authorized services.

Vendor Certification

I certify that the above information is true and correct. I understand that failure to comply with the insurance requirements may result in termination of my vendor status.

Vendor Signature	
Name (Printed)	
Date	