

RESIDENTIAL BUILDINGS INSURANCE

VERIFICATION FORM

City of Sand Springs – Neighborhood Services
100 E Broadway – PO Box 338, Sand Springs, OK 74063
918-246-2572

neighborhoodservices@sandsspringsok.org

Name of Insured: _____

Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contractor Federal/State Employer Identification Number (EIN): _____

Worker's Compensation Information

Name of Insurer: _____

Telephone: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____ Amount of Coverage: _____

Policy Effective Date: _____ Policy Expiration Date: _____

General Liability Information

Name of Insurer: _____

Telephone: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____ Amount of Coverage: _____

Policy Effective Date: _____ Policy Expiration Date: _____