

VENDOR ACKNOWLEDGMENT FORM

certifies that all employees working at			
Name of	Company		
effective		ctive	have
Name of Parish/School/Agency		Date	
offender registry sear infractions). Dependent premises, vendors/in designated Safe Environment for service Agency for anything compensation coverage	rch and have not been coing on the specific nature ndependent contractors ronment training. It is fues, I will provide addition that arises out of the agage as required by law.	heck which includes a national onvicted of a crime (other than e of the work or position on Ar may also be required to attend arther understood, as a compo- onal insured status to the Paris greed upon work and maintain	minor traffic chdiocesan l a nent of this sh/School/ n workers'
I have provided	Name of Parish/School/A	with the following do	ocuments:
coverage with ling and workers' con Parish/School/	urance which provides entite not less than one miles appensation insurance as Agency has been named a	vidence of general liability insullion dollars (\$1,000,000) per occ required by law. As agreed abo as an additional insured on Cor icy for Hiring Independent	currence ove,
Name of Company Of		Signature of Company Official	I
Date	Company's Address	and Phone Number	