

COURIER CHALLENGE

Insurance Verification "10 Day Request"!

Please fill in each type of coverage with insurance company, policy number and amount of coverage. Once completed, please email or fax back to us.

Commercial Courier Auto Policy

Company: _____
Policy #: _____
Amount of Coverage: _____

Commercial Courier Bonds

Company: _____
Policy #: _____
Amount of Coverage: _____

Commercial Courier Crime Policy

Company: _____
Policy #: _____
Amount of Coverage: _____

Commercial Courier E&O Policy

Company: _____
Policy #: _____
Amount of Coverage: _____

Commercial Courier CGL Policy

Company: _____
Policy #: _____
Amount of Coverage: _____

Commercial Courier Cyber Liability Policy

Company: _____
Policy #: _____
Amount of Coverage: _____

Commercial Courier Cargo Policy

Company: _____
Policy #: _____
Amount of Coverage: _____

Security Protocols

- _____
- _____
- _____
- _____
- _____
- _____

Background Check on Employees

**Who do you use for
Background Checks?**

- _____

PLEASE RETURN TO US BY FAX OR E-MAIL

Fax:

E-Mail:

***Thank you for your
assistance***