

## 7. RISK MANAGEMENT APPROVAL ON INSURANCE COMPLIANCE



### INTER-OFFICE MEMORANDUM

**TO:** Waters Risk Management

**FROM:** (Purchasing Agent), (Title) (O.A.Initials)  
(850) (Telephone) Fax: (850) 595-

**DATE:** October 29, 2001

**RE:** (Name of Project), Specification Number PD XX-XX.XXX

Attached you will find Insurance Requirements (pages 32-34) and the sample insurance certificate from the original solicitation document for the above referenced project. Also, please find the insurance certificate submitted to us by the vendor for this project. Please respond on this form as listed below:

\_\_\_\_\_ Certificate complies with Requirements  
\_\_\_\_\_ Changes required (Noted below)  
\_\_\_\_\_ Changes required (contact me)

Changes required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and date

THERE ARE \_\_\_\_\_ PAGES, INCLUDING THIS COVER SHEET. PLEASE CALL IF YOU DO NOT RECEIVE ALL PAGES. THANK YOU!