

«Home\_SCH»  
«SCH\_Address»  
«SCH\_City», MI «SCH\_Zip»  
Voice: «SCH\_V»  
Fax: «SCH\_F»

# Required Insurance Info

To: «Contact» From: Richard P. Moll

Fax: «Fax» Pages: 1

Phone: «Telephone» Date: 22 December 2010

RE: **Training Agreement Insurance Info**

Urgent  For Review  Please Comment  Please Reply  Please Recycle

### Confidentiality Notice

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### «Contact»:

As I prepare for the up coming school year, I would like to request updated insurance information for any potential work study students who will be working with you. This information is required by the State of Michigan for the Capstone WBL / Work Study training agreement being prepared for your student learner («First\_Name» «Last\_Name»). Please supply the following information on-line at: [http://www.rpmoll.com/\[Your Eval Page\]](http://www.rpmoll.com/[Your Eval Page]) or review the information below, edit as needed and fax it to the number listed below as quickly as possible.

**Workman's Compensation Carrier:** «Comp\_Carrier»

**Corrected Workman's Compensation Carrier:** \_\_\_\_\_

**Workman's Compensation Policy Number:** «Comp\_Policy»

**Corrected Workman's Compensation Policy Number:** \_\_\_\_\_

**Policy Expiration Date:** «Cexp»

**Corrected Policy Expiration Date:** \_\_\_\_\_

**Liability Insurance Carrier:** «L\_Carrier»

**Corrected Liability Insurance Carrier:** \_\_\_\_\_

**Liability Insurance Policy Number:** «L\_Policy»

**Corrected Liability Insurance Policy Number:** \_\_\_\_\_

**Policy Expiration Date:** «Lexp»

**Corrected Policy Expiration Date:** \_\_\_\_\_

**Student Wage:** \$ \_\_\_\_\_

After completing, fax to: «SCH\_F»

*Thank you for your assistance!*