



**Texas Workforce Commission
Vocational Rehabilitation Services
Provider Insurance Verification**

Instructions:

- For response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting, otherwise submit updated forms to the Quality Assurance Specialist for VR (Q) or Regional Program Support Specialist (RPSS) and Contract Manager.
- Follow instructions on the form and in the TWC VR Standards for Providers.
- Type all information on form using a computer and get all required signatures
- Complete all sections of the form. Record "N/A" (not applicable) if a question does not apply.
- Keep a copy of your submitted form with attachments and supporting documentation for your records.

Reason for Submission

Date of submission:

Application package

Solicitation ID:

Update of information due to change in information on file. For example, qualifications change.

Other. Specify:

Entity's Information

Entity: The business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers.

Entity's legal name:

Entity's "doing business as" (DBA) name:

Provide at least one of the following:

Employer Identification Number (EIN) (9 digits, issued by IRS):

Last four digits of the sole proprietor's Social Security Number:

Insurance

Insurance requirement can be found in the VR Standards for Providers Chapter 3, section 3.2 Insurance Requirements. All contractors must carry the prescribed insurance.

Enter all insurance coverages below. **The declaration of policy must be attached.**

No insurance carried - **Must complete next section's certification statements.**

Carrier's name:

Type	Amount and limitations	Expiration Date	Declaration Attached		TWC- Verified Insurance	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Carrier's name:					
Type	Amount and limitations	Expiration Date	Declaration Attached		TWC- Verified Insurance
			Yes	No	Yes No
			Yes	No	Yes No
			Yes	No	Yes No

Insurance Certification Acknowledgment and Signature

I, the legally authorized representative of the entity, certify the following:

The entity (contractor) has general or business liability insurance coverage that protects customers, employees, and visitors.	Yes	No	
The entity provides services to VR customers in a location that is owned, leased, used in-kind, or otherwise controlled by the entity (contractor). <ul style="list-style-type: none"> If yes, the entity (contractor) maintains premises liability insurance. Note: Physical locations do not include community sites that are not owned, leased, or used as dedicated space by the contractor, such as state, federal, city, county, or other public meeting spaces.	Yes	No	N/A
The entity (contractor) and/or their staff transport customers in motorized vehicles. <ul style="list-style-type: none"> If yes, contractors and/or their staff transporting customers meet the minimum liability requirements of the Texas Department of Insurance. If yes, contractors keep records, including proof of insurance and valid driver's license, for staff who have or may transport customers in vehicles. This information must be made available upon request. Note: Contractors are not required to transport customers. When contractors and/or their staff transport customers they must meet the minimum liability requirements of the Texas Department of Insurance.	Yes	No	N/A
The entity acknowledges that it must keep on file with TWC a current and accurate declaration of policy or its equivalent for all insurance required by the TWC VR Standards for Providers and by the contract.	Yes	No	

Legally authorized representative's printed name:	Title:
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Legally authorized representative's handwritten signature: X	Date:
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Agency Use Only
Comments: