CONTRACTOR QUESTIONNAIRE VERIFICATION CHECK OFF SHEET

LEGAL NAME OF COMPANY:

- ❑ **Reference 1.**

- ❑ **Reference 2.**

- ❑ **Reference 3.**

	#1	#2	#3
❑ **Certificate of Insurance:**			
❑ Date			
❑ Amount			
❑ Special Coverages			
❑ **Verification of**			
❑ Licensing #			
❑ Certification #			
❑ Registration #			

- ❑ **Attorney General Phone # : 1-312-814-3000**

COMMENTS, NEED FOR FURTHER INVESTIGATION AND/OR BANK REFERENCES: