

**LETTER FOR SERVICES OR PRODUCTS**

Supplier's Name/Address:

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RE: (Event) \_\_\_\_\_

(Date) \_\_\_\_\_

(Location) \_\_\_\_\_

Dear Sir/Madam:

In connection with the above event, your company will be providing  
\_\_\_\_\_ (service or products).

In order to satisfy our insurance carrier's requirements, please ask your agent and/or insurance company to issue a Certificate of Insurance to:

Deborah Hospital Foundation/Business Office  
Cymrot Center-212 Trenton Road  
Browns Mill, NJ 08015

providing evidence of Worker's Compensation coverage for your employees and evidence of Comprehensive General Liability Coverage including Contractual Liability and Products/Completed Operations coverage with Limits of Liability for Bodily Injury and Property Damage of at least \$1,000,000 Combined Single Limit Per Occurrence.

If you are supplying a product, Deborah Hospital Foundation must be included as an additional insured vendor.

Thank you for your cooperation in this matter.

Sincerely,

\_\_\_\_\_ Chapter of Deborah

\_\_\_\_\_ Chairperson