

**LETTER FOR TRANSPORTATION**

Supplier's Name/Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Dear Sir/Madam:

In connection with the above event, your company will be providing  
\_\_\_\_\_ (transportation services).

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 Mills, NJ 08015

providing evidence of worker's compensation coverage for your employees and evidence of Comprehensive Automobile Liability Coverage with Limits of Liability for Bodily Injury and Property Damage of at least \$1,000,000 Combined Single Limit Per Occurrence.

The Certificate must indicate that carrying passengers for hire is covered.

Thank you for your cooperation in this matter.

Sincerely,

\_\_\_\_\_ Chapter of Deborah Hospital Foundation

\_\_\_\_\_ Chairperson