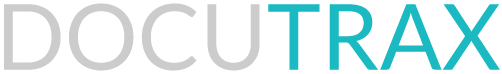
** COMPLIANCE PROGRAM ASSESSMENT**

**How did you hear about us?** SEARCH EMAIL WEBSITE BLOG TRADE SHOW REFERRAL OTHER

Notes:

**CONTACT INFORMATION**

First Name Last Name

Title

Business Name

Industry

City State Zip

Phone Alt Phone

Email

**PRESENT SITUATION**

Are you seeking a self-service or full-service solution? Self-Managed Full-Service

Do you currently track Certificates of Insurance and/or other documents? YES NO

How would you rate the tracking difficulty?

What tracking method(s) are you currently using: Internal Outsourced None

If outsourced, to whom?

Are you satisfied with your current method(s)? YES NO

If not, why?

Current overall compliance percentage: %

What types of entities do you contract with?

TENANTS VENDORS CONTRACTORS SUPPLIERS FRANCHISEES OTHER

Notes:

**ITEMS TO BE TRACKED**

**Tenants** Quantity

Certificates of Insurance YES NO

Policy endorsements (additional insured, waiver of subrogation, etc.) YES NO

Other documents (describe)

Do you have tenants who are self-insured? YES NO

Do you have tenants with multiples locations under one COI? YES NO

Do you track tenant vendors? YES NO

Notes:

**Vendors**

Certificates of Insurance YES NO

Policy endorsements (additional insured, waiver of subrogation, etc.) YES NO

Other documents (describe) YES NO

Do you have vendors who work in multiple locations under one COI? YES NO

Vendor types: PROJECT-BASED MSA BOTH

Notes:

**Other (specify)**

Certificates of Insurance YES NO

Policy endorsements (additional insured, waiver of subrogation, etc.) YES NO

Other documents (describe) YES NO

Notes:

What percentage of documents and data needing to be tracked have already been collected?

**RISK PROFILES**

Is there a standard Risk Profile? YES NO

If not, how many different Risk Profiles do you have?

Can you send us (a) sample(s)? YES NO

Which of the following requirements are included in your Risk Profiles? (circle)

TENANTS: GL AUTO UMB WC BPP PROPERTY AI WOS OTHER

VENDORS: GL AUTO UMB WC BPP PROPERTY AI WOS OTHER

OTHER: GL AUTO UMB WC BPP PROPERTY AI WOS OTHER

Are Risk Profiles contract specific? YES NO

Will we need to extract the insurance requirements from contracts? YES NO

Do new contracts have different Risk Profiles than legacy contracts? YES NO

Does specific language to be verified in the Description of Operations? YES NO

Are there any restrictions on which forms are acceptable or not? YES NO

If yes, please specify:

How strictly do you hold to the requirements in your contracts?

How do you currently handle pushback?

How would you like us to handle pushback on your behalf?

Is there anything else you want to share with us about your corporate culture or risk tolerance?

Notes:

**Data Migration / Implementation** Comment:

Data is accurate 100% 75% 50% 25% 0%

Data is organized 100% 75% 50% 25% 0%

Data is complete 100% 75% 50% 25% 0%

Risk Profiles in summary format 100% 75% 50% 25% 0%

Data compiled in spreadsheet form 100% 75% 50% 25% 0%

Email addresses known 100% 75% 50% 25% 0%

Will you need assistance in data collection or organization? YES NO

If yes, please explain.

Will we be obtaining data from a third-party source? YES NO

If yes, please explain.

Will there be a designated in-house point of contact for us to work with on an ongoing basis? YES NO

Will there be more than one individual supplying us with updated information? YES NO

If yes, please explain

How frequently would you anticipate sending us updated system information (changes to existing information, risk profiles, new contracts, etc.)? DAILY WEEKLY OTHER

On average, how many contracts expire or go inactive each month?

On average, how many new contracts are added each month?

Would you like us to enter pre-existing COIs? YES NO

How compliant are the pre-existing COIs?

Will paper COIs be sent initially? YES NO

How frequently will paper COIs be sent to us?

Is there anything else you want to share with us about the state of your data or your data governance objectives?

**Deliverables**

How many users do you anticipate will need access?   
Will users have restricted access or permissions? YES NO

What are your expectations for user training?   
What types of reports would you like access to?

Do you require any custom report development?   
Would you like Docutrax to integrate with any other software? YES NO

If yes, please specify:   
Is there anything important to you about users, training, or deliverables that we didn't ask about?

**Timeline and Budget**

How important is COI and/or document compliance to your organization? High Medium Low

Time to purchase: Now 3 months 6 months 12 months Just Looking

Have you budgeted for this solution? YES NO

Who will be evaluating the Docutrax solution?

Do you have purchase approval? YES NO

Notes:

Are you interested in a Vendor Pay arrangement? YES NO

**Other Needs**

Please describe any special considerations or requirements.

Docutrax® is a division of Risk Toolbox, Inc. 8 Wood Hollow Road Suite 201 Parsippany, New Jersey 07054 855.747.5866

**DOCUTRAX.COM**