**AGREEMENT PROCESSING FORM**

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| --- | --- |
| **Project #** |  |
|  |  |
| **DATE:** |  | **CAMPUS:** |  |

|  |  |
| --- | --- |
| **PROJECT TITLE:** |  |
| **NAME OF CONSULTANT:** |  |

**Please verify the following information is attached:**

**\_\_\_\_\_ PIF**

**\_\_\_\_\_ Agreement**

 **\_\_\_\_\_\_ Consultant Signature**

 **\_\_\_\_\_\_ If any changes to agreement, Campus has initialed them**

**\_\_\_\_\_ Insurance**

 **\_\_\_\_\_\_ The Curators of the University of Missouri** listed in lower left box (must say Curators)

 **\_\_\_\_\_\_ General Liability w/Curators named as Add’l Insured ($1,000,000/occurrence;$2,000,000/aggregate)**

 **\_\_\_\_\_\_** If Umbrella coverage required for GL and/or Auto must have Additional Insured

 **\_\_\_\_\_\_ Auto Insurance, Any Owned/Hired/Non-owned ($1,000,000)**

 **\_\_**\_\_\_\_ If no company owned autos, letter on company letterhead stating such

 **\_\_\_\_\_\_ Workers Comp Insurance ($500,000)**

 **\_\_\_\_\_\_ Professional Liability ($1,000,000)**

**\_\_\_\_\_ Project Approval or A/E Hire Board Backup**

**\_\_\_\_\_ Consultant Selection Summary**

**\_\_\_\_\_ Consultant Selection M/WBE Participation Summary**

**\_\_\_\_\_ A/E Proposal**