Supplier Name: __________________________ Supplier Contact Name: __________________________
Supplier Telephone: __________________ Supplier Fax: __________________ Supplier Email: __________________
Agent/Broker: __________________________ Agent/Broker Contact Name: __________________________
Agent/Broker Telephone: __________________ Agent/Broker Fax: __________________ Agent/Broker Email: __________________

Select vendor type (choose one from column A and column B)

A: Domestic (U.S./Puerto Rico/H.D.V.I.) Supplier
   Import Vendor
   Out for Repair (OFR)
B: New Vendor
   Existing Vendor
   Other

If existing vendor provide Pay To vendor number __________________________
If existing vendor provide Pay to Vendor Name: __________________________

HDPA Required Limit
(As determined from the Insurance Requirements Chart)

Product Description ___________________________________________________

Supplier Instructions:

1. Please fill in all supplier information required above.
2. Review the attached chart and find the product type your company is providing to determine the required per occurrence and aggregate limits (2nd column). Enter this value into the box above.
3. Provide this form to your agent/broker and request that they send a certificate of insurance that meets the requirements listed below.

Agent Instructions:

The HDPA Supplier Insurance Requirements

1. Requirements must be completed in full to be submitted for approval.
2. All insurance must be written by a U.S. insurance company which is rated in the most recent edition of Best's Key Rating Guide (Property-Casualty International edition) as A-VIII or better.
3. Supplier must provide a current Certificate of Insurance with the agent's signature.
4. The insured's name and address must be the same as the company executing the Supplier Buying Agreement (SBA).
5. The same applies if a third party handles receivables.
6. Supplier must have a certificate of insurance that meets the following requirements:
   a. Commercial general liability insurance on an occurrence basis with per occurrence and general aggregate limits of not less than the amount indicated in the box above.
   b. Products completed operations insurance on an occurrence basis with per occurrence and general aggregate limits of not less than the amount indicated in the box above.
   c. A certificate that reflects a 30 days notice of cancellation.
   d. An insurance policy that provides for filing of claims in the United States and for payment of claims in U.S.currency.
   e. An insurance policy that permits legal service of process in the U.S. and U.S. law must apply to claims.
   f. “Home Depot Product Authority, LLC., its parent, affiliates and subsidiaries”, must be named as an additional insured.
   g. Certificate Holder should read: “Home Depot Product Authority, LLC., its parent, affiliates and subsidiaries”

Agent Instructions:

Request your insurance agent/broker either email or fax the Certificate of Insurance and this completed form to the address or fax number below. To avoid a delay in the issuance of your insurance approval number, make sure to send in both of these documents together.

Fax number: (770) 325-0422
Domestic Supplier Email: HomeDepot@ebix.com
Import Supplier Email: HomeDepotimport@ebix.com

After sending in your insurance information via email or fax, do not also send us the certificate by mail.

Next steps if approved:

An approval form with an approval number will be returned to Supplier. This number will be required to complete your supplier onboarding process and confirms compliance with insurance requirements. If not approved, a detailed list of the deficiencies will be returned to Supplier. It should be noted that delays in this process may disqualify the Supplier from this sourcing event. In the event that the COI is not in compliance with HDPA's requirements, a revised certificate and the original deficiency notice should be sent back to HDPA.

Any questions regarding HDPA's requirements or clarification of deficiency notices should be referred to The Home Depot at (951)-766-2210

Insurance Coverage Option for Import Suppliers Only

If you are an import supplier and are having difficulty meeting the HDPA's insurance requirements or wish to have an alternative, you may contact
Marsh by e-mail (preferred method) at import.vendors@marsh.com, by telephone at 1-404-995-3174, by fax at 1-404-995-3175, or by mail at: Home Depot Foreign Vendors Program, Marsh USA Inc., 3560 Lenox Road Atlanta, GA 30326.
This program is designed to meet the needs of HDPA suppliers that do not have access to the U.S./Canadian insurance market. If your company has a US or Canadian registered company, you are not eligible and should arrange coverage via a US/Canadian insurance agent. Coverage excludes shipments to Mexico. Coverage applies only to products sold in the United States and Canada.