Provider Questionnaire
University of Florida Partnership Programs

(1) Information on Provider
   a. Name:
   
   b. Type of entity and place of incorporation: (please provide a current good standing certificate)
   
   c. Experience:
   
   d. Size:
   
   e. Credentials:
   
   f. Types of Insurance and limits (please provide a current and signed certificate of insurance)

(2) Is the provider registered/licensed in the selected location?

(3) How are local partners (e.g., vendors, drivers, housing, restaurants, etc) identified? How are they employed by the provider?

(4) What are the provider’s policies/standards on this?

(5) How are homestays selected / vetted?

(6) What is in place in regards to local infrastructure/support staff?