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REQUEST FOR CERTIFICATE OF INSURANCE

To Help Process Your Request, Please Tell Us:

Your Name: _____ (Print)_____ (Sign)

Your Agency's Name: _____ Department / Division: _____

Agency Address: _____ City _____ State ZIP _____

Telephone: _____ Fax: _____ E-mail: _____

Certificate Dates (same as contract dates): (from) ___ / ___ / ___ (to) ___ / ___ / ___

Location of Activity: _____

Description of Activity: _____

Type of coverage (check):		Limits
☐	General Liability	$ 1,000,000
☐	(Or other, if stated in the agreement	$(_____)
☐	Automobile	$1,000,000
☐	Workers Compensation	**Statutory**
☐	Professional Liability	$1,000,000
☐	Real Property - Replacement Cost	$_____
☐	Personal Property - Actual Cash Value	$_____
☐	Other / Fiduciary / _____	$ _____

Special Instructions:

Do You Have a Contract or Agreement Requiring a Certificate? ☐ Yes ☐ No

IF YES: THEN PLEASE SEND THE AGREEMENT TO US WITH THIS FORM.

IF NO: THEN THE REQUESTING PARTY NEEDS TO NOTIFY YOU WHAT THEY NEED IN WRITING.

AND

IF THE AGREEMENT SAYS THAT YOU "INDEMNIFY" OR "NAME A THIRD PARTY AS ADDITIONAL INSURED", THEN YOU WILL NEED TO STRIKE THE "INDEMNITY" OR "ADDITIONAL INSURED" PARAGRAPH BEFORE SIGNING IT. ANY AGREEMENT SUBMITTED TO US WITH "INDEMNITY" OR "ADDITIONAL INSURED" LANGUAGE WILL CAUSE A DELAY AND YOUR AGREEMENT MAY BE IN CONFLICT WITH ARIZONA LAW.

Certificate Holder: (Name of Certificate Holder should be the name as it appears on your agreement.)

Name: _____

Address: _____

_____

Attention: _____

Telephone: _____ Fax: _____

We automatically route one copy of the Certificate to you (the Agency) and to your Certificate Holder.

We will process this request to meet your certificate effective date if received at least **5** working days prior to that date.

Please refer your questions to the Insurance Analyst assigned to your agency or our Administrative Assistant:

ADOA – Risk Management, 100 North 15th Avenue, Suite 301, Phoenix, Arizona 85007

Telephone: 602.542.2180 Fax: 602.382.2364 E-mail: plinsurance@azdoa.gov