Instructions for completing a

Certificate of Insurance Request

- A Certificate of Insurance Request form is to be completed by your Agency and not the entity requesting proof of coverage.
- Make sure the certificate date(s) is filled in and the date(s) correspond with the contract.
- ACV (actual cash value) is for personal property. Only real property can be done on a replacement cost basis.
- If you have marked “other” under General Liability (GL), make sure the amount requested is filled in. This must correspond with your contract.
- If you have marked “other” at the bottom of the coverage list, make sure the coverage type and the amount requested is filled in. This must correspond with your contract.
- The State is not able to agree to indemnify another entity. If the contract requests this then it must be removed or crossed out, and initialed by both contracting parties before a COI can be issued.
- The State cannot make them an additional insured. If the contract requests this then it must be removed or crossed out, and initialed by both contracting parties before a COI can be issued.
- The State cannot provide them with a waiver of subrogation. If the contract requests this then it must be removed or crossed, out an initialed by both contracting parties before a COI can be issued.
- The certificate holder is not the State Agency; it is the entity asking us to provide proof of insurance.
- Make sure to attach the agreement and/or other documentation which includes the insurance requirements.
- Allow yourself at least five working days for your COI to be processed. If it is needed sooner, then “RUSH” must be indicated in the email. Efforts to accommodate your request will be made, but cannot be guaranteed.

Submit by E-mail | Reset Form | Print Form

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 THAT MUST BE INCLUDED WITH YOUR REQUEST.

PLEASE REVIEW THE INSTRUCTIONS FOR COMPLETING A CERTIFICATE OF INSURANCE REQUEST PRIOR TO SUBMITTING YOUR REQUEST.

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). A hard copy can be sent to the certificate holder upon request only.

Allow yourself at least five working days for your COI to be processed.

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