



Certificate of Insurance Request Form

Name of requester: _____ Date: _____

Department: _____ Phone #: _____

Do you need a copy of the certificate? Yes No (If yes, it will be emailed to you)

Email Address: _____

Date needed: _____

Type of insurance: Evidence of Liability Insurance Additional Insured*
 Loss Payee Additional Insured* & Loss Payee

*Must provide an electronic copy of the contract or agreement to be sent to the insurer

Coverage type: General Liability Auto Liability
 Worker's Compensation Property or Auto Physical Damage
 Property Other: _____

Limit Requested: _____

Company Name: _____

Company Address: _____

Point of Contact Name: _____

Fax Number: _____

Email: _____

Description of Activities (Include location, date, and description of activities or lease):

RMS Office Use Only

Name	Date of request	Email Contract	Cert. Arrival Date	Email Certificate