
REQUEST FOR CERTIFICATE OF INSURANCE OR EVIDENCE OF PROPERTY

Date: _____ Requested by Date/ Time: _____ IB ID PIN#: _____

Participant: _____

Address, City, State, Zip _____

Phone: _____ Fax#: _____ E mail: _____

Name _____ & Position or Title: _____

Coverage Requested:

Property General Liability Excess Liability Professional Liability Hired & Non-Owned Auto Liability

Location (if applicable) _____

Certificate Holder/Additional Interest:

Company Name _____

Address, City, State, Zip _____

Phone: _____ Fax#: _____

Attention: _____ E mail: _____

Certificate Holder's Interest is:

Certificate Holder Only Additional Insured Loss Payee Landlord Mortgagee

Special Request/Specific Language _____

Special Event Date and Description: one-time request (not to be issued automatically at renewal)

Date: _____ Event Name: _____

Brief Description: _____

Equipment Detail (if applicable).

Make: _____ Model: _____ Serial #: _____

Value: _____ Loan Name & #: _____

Auto Detail (if applicable)

Make: _____ Model: _____ VIN #: _____

Value: _____ Loan Name & #: _____

Certificates will be issued by Marsh & McLennan Agency

Please email to: Certificates@InsuranceBoard.org