

REQUEST FOR CERTIFICATE OF INSURANCE

Account Name: City of Spokane Date of Event: _____
Today's Date: _____ Requested by: _____ Phone No. _____
For Department /Location: City of Spokane _____ This request has _____ additional pages

Certificate Holder: _____
Address: _____
City, State, Zip: _____
ATTENTION: _____

Reason for Certificate:

| Required Coverages: | | Limits |
|---|--|--------|
| <input type="checkbox"/> General Liability | | _____ |
| <input type="checkbox"/> Workers Compensation | | _____ |
| <input type="checkbox"/> Umbrella | | _____ |
| <input type="checkbox"/> Automobile Liability (provide description below) | | _____ |
| <input type="checkbox"/> Automobile Physical Damage (provide description below) | | _____ |
| <input type="checkbox"/> Property/Contents (provide description below) | | _____ |
| <input type="checkbox"/> Equipment (provide description below) | | _____ |
| <input type="checkbox"/> Other: _____ | | _____ |

Description: (JOB #/year/make/model/VIN/serial) _____

Additional Insured (GL/Auto) _____
 Loss Payee / Mortgagee _____

Special Instructions:

Primary/ Non-Contributory
 Waiver of Subrogation (GL/Auto/WC)
 Cancellation: _____
 Other: _____

Handling Instructions:

E-mail to Certificate Holder @ _____
 E-mail to Certificate Requester @ _____
 FAX to Certificate Holder @ _____
 FAX to Certificate Requester @ _____
 Other: _____

Comments: _____

NOTE: Please include any written request you may have received from others for this Certificate of Insurance and let us know of any additional requirements, if needed.
Email to spuckett@spokanecity.org (Risk Management)