

REQUEST FOR CERTIFICATE OF INSURANCE

Account Name: City of Spokane

Date of Event:

Today's Date:

Requested by:

Phone No.

For Department /Location:

This request has

additional pages

Certificate Holder:

Address:

City, State, Zip:

ATTENTION:

Reason for
Certificate:

Limits

Required
Coverages:

- General Liability
- Workers Compensation
- Umbrella
- Automobile Liability *(provide description below)*
- Automobile Physical Damage *(provide description below)*
- Property/Contents *(provide description below)*
- Equipment *(provide description below)*
- 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 advise of any additional requirements, if needed.

Email to pschroeder@spokanecity.org or fax to risk management at 625.6836