

REQUEST FOR CERTIFICATE OF INSURANCE

Account Name: City of Spokane

Date of Event:

Today's Date:

Requested by: *Your Name*

Phone No.

For Department /Location: *City Department or Location*

This request has additional pages

Certificate Holder: *Name of the Company or Organization requiring the Certificate*

Address:

City, State, Zip:

ATTENTION:

Reason for Certificate: *Describe Event or Name of Contract*

Attach any written insurance requirement from a contract or agreement

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 @ *Your email address*
- FAX to Certificate Holder @
- FAX to Certificate Requester @
- Other:

Comments: *Special Instructions or additional information*

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 bschroeder@spokanecity.org or fax to risk management at 625.6836