



CERTIFICATE OF COVERAGE REQUEST FORM
(Please allow 3 working days, whenever possible.)

Date Requested: _____ Requested By: _____

Date Needed: _____ Original To: _____

Copy To: _____

Requesting Member: _____

Issued To: Name: _____

Address: _____

Attn: _____

Fax #: (if necessary) _____

Reference/Purpose (why is the certificate needed) (please include date, location, lease or contract #, etc.)

If this is a lease for equipment or property, please attach a copy of the lease.

Coverage Requested: (General Liability, Auto, Workers Compensation, and First Party Property)

Written agreement requiring Additional Insured Status: [] Yes [] No

Entity Requesting Add'l Insd. Status a Separate Legal entity: [] Yes [] No

Additional Insured Stated Requested: [] Yes [] No

Loss Payee Status Requested: [] Yes [] No

Important: Do not offer to provide additional insured unless requested and absolutely necessary. Staff will review and make determination on all requests for additional insured status.

Special Instructions or Requests:

E-Mail or Fax to Donna Morin at the IRMA Office Upon Completion of This Form to donnam@irmarisk.org or Fax: (708) 236-6349