

CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and mail to:

Doreen.Lessard@AssuredPartners.com and cc'd sherry-ann.chance@ct.gov

Requested By: _____ Date of Request _____

Phone # of Requester _____ Email of Requester _____

Insured/State Agency: _____

Address of State Agency: _____

Certificate Holder:

Address of Cert Holder: _____

Additional Insured: _____

Location of Event Date

Event: _____

Coverage Needed: _____

Description of Event or Special Information:

Coverage Required (if specific limits are needed, please indicate):

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Automobile Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Automobile Physical Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Property (Please indicate amount needed/value.): \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Professional Liability (Student Malpractice) \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note - Please include the following as needed:

For property or equipment – Year, Make, Model, Serial #, VIN #, Value

For events – Description of Event, Number of Participants

For Fine Artwork – List of each item with individual values

Please include any backup – i.e. insurance requirements in contracts, lease agreements, etc.