

# 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.**