



CERTIFICATE OF COVERAGE REQUEST

Today's Date:	
JPA:	
District:	
Contact: Enter the contact person for the district.	Phone: Please include your email address along with your phone number, as all completed certificates will be emailed to you.
Certificate Holder Name & Address Attn:	Certificate Holder is the independent third party requesting proof of insurance and/or endorsement. Be sure to double check the holder's address to make sure that it is correct. If the address is wrong, the certificate will be returned to our office. Please try to include a contact name for the Certificate Holder, a fax number and indication if the certificate will need to be faxed to them.
Description of Operations	Provide a detailed description of the event, as the same description will be written into the certificate.
Is this a Special Event Special Event is defined as a one-time request (prom, graduation, car washes, etc.) Though something like Prom happens every year, location, date and time can change; therefore it is considered a special event.	Yes No Event Date(s) & Time Be sure to double-check the dates and times of the event. Location Sponsor Participants Provide Details of Event Special Requirements
Cross-Out Endeavor Clause Yes No	
Additional Insured / Additional Covered Party Yes No	
Other Additional Insured / Covered Party Yes No	

Name & Address	Being an Additional Insured means that the certificate holder will be a named covered party and endorsed onto the ReLiEF Memorandum of Coverage during the duration of the event. Therefore, it is important to provide the section of the contract that you have with the third party that states that they must be named as additional insured. Without the contract we cannot process the certificate with an Additional Insured endorsement. If you are unsure the third party needs to be an additional insured, refer to your contract and/or correspondence with them or feel free to fax to your account manager for review.
---------------------------	---