

Request for Certificate of Insurance

Today's Date

Do you have a lease agreement, facility use application, contract or other license agreement?

- Yes, please fax or attach to this email and fill out Section 1 and 2 No, please fill out Section 1 and 2

Do you have any insurance requirements from the requestor?

- Yes, please fax to (909) 386-8948 or attach to this email when submitting No, please contact us at (909) 386-8635

Section 1

Requestor Information

Requestor _____
Organization _____
Mail Address _____
City _____
State _____ Zip _____
Send Cert Attn: _____
Phone Number _____
Fax Number _____
Cc: Name
Address
City
State Zip Code

Event Information

Start Date _____ End Date _____
Start Time End Time
Daily Attendance
Facility _____
Address _____
City _____
State _____ ZIP _____
Description of event

Section 2

Department Information

Department _____
Division _____
Contact _____ Contact Phone _____
Send original directly to the facility and copy the department Yes No
OR
Mail original and scan/copy to the department Yes No