CERTIFICATE OF INSURANCE (COI) REQUEST

YOUR DEPT/AGENCY _____

YOUR NAME _____

YOUR PHONE/FAX _____

What company/organization is requesting the certificate of insurance from you?

CERTIFICATE HOLDER INFORMATION (Who is requesting the insurance from you)

COMPANY NAME _____

ATTENTION: _____

STREET ADDRESS _____

TOWN _____

STATE _____

ZIP _____

Is this certificate request relating to an equipment lease? ☐ Yes ☐ No

If no, skip to the next section. If yes, provide the following information:

LEASE NUMBER _____

LEASE EFFECTIVE DATE _____

LEASE TERMINATION DATE _____

TYPE OF EQUIPMENT ☐ Computer ☐ Copier ☐ Postage Meter
☐ Other – Describe: _____

BRAND NAME _____

MODEL NUMBER(S) _____

SERIAL NUMBER(S) _____

REPLACEMENT VALUE _____

OTHER RELEVANT INFO _____

Is this company/organization <u>requiring</u> loss payee status? ☐ Yes ☐ No

Is this company/organization <u>requiring</u> additional insured status? ☐ Yes ☐ No

  If additional insured status is required, be sure to send the contract or agreement with your COI request.

Note: Naming an additional insured on your insurance policy is not desirable and should only be done when absolutely necessary!

Is this certificate request relating to the use of another's premise to hold an event? ☐ Yes ☐ No

If no, skip to the next section. If yes, provide the following information:

DATE(S) OF EVENT _____

EVENT DESCRIPTION/TITLE _____

Is this company/organization <u>requiring</u> additional insured status? ☐ Yes ☐ No

  If additional insured status is required, be sure to send the contract or agreement with your COI request.

Note: Naming an additional insured on your insurance policy is not desirable and should only be done when absolutely necessary!

If certificate is neither for an equipment lease nor a use of premise, please call Risk Management with details (287-3351 or 1-800-525-1252).

It is our practice to email the certificate to you and have you distribute it as needed. Is this how you want this certificate handled? ☐ Yes ☐ No If no, how do you want it handled?

☐ Mail a copy to the Certificate Holder ☐ Fax a copy to Certificate Holder

☐ Other – describe: _____

Complete and e-mail to Risk Management Division (jen.maddox@maine.gov) OR Fax to 287-4008.