|  |  |
| --- | --- |
| 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 requiring loss payee status? Yes No

Is this company/organization requiring 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 requiring 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](mailto:jen.maddox@maine.gov)) OR Fax to 287-4008.