

CERTIFICATE OF INSURANCE (COI) REQUEST

YOUR DEPT/AGENCY _____
YOUR NAME _____
YOUR PHONE/FAX _____

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

COMPANY NAME _____
ATTENTION: _____
STREET ADDRESS _____
TOWN _____
STATE _____
ZIP _____

PROPERTY REQUESTS: (LEASED/RENTED SPACE or EVENT LOCATIONS)

DATES: _____
ADDRESS: _____
LEASE # _____
EVENT DESCRIPTION: _____

EQUIPMENT

BRAND NAME _____
MODEL _____
VIN OR SERIAL # _____
COST NEW _____
RENTAL/LEASE DATE(S) _____
EQUIPMENT USE: _____

You must provide a copy of the lease/rental agreement and the insurance requirements with your COI request.

Questions, contact Risk Management (287-3351 or 1-800-525-1252).

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