



CERTIFICATE OF INSURANCE REQUEST FORM

Local Government Insurance Trust

7225 Parkway Drive
Hanover, MD 21076

Attention: Scott Soderstrom or Ellen Nudd

Phone Number: 443-561-1700
Fax Number: 443-561-1701

Member Requesting Certificate of Insurance: _____

SELECT COVERAGES REQUIRED	
General Liability	Property
Business Auto Liability	Boiler & Machinery
Excess Liability	Crime
Other	Other

CERTIFICATE HOLDER INFORMATION			
Certificate Holder Name:			
Attention:			
Address:			
Phone #:			
Fax or E-Mail Address:			

Special Wording Required:	Additional Insured	Loss Payee	Mortgagee
<i>The purpose/language on the Certificate of Insurance should include the following where applicable: Location, Serial & Model Number, Replacement Cost Value (RCV), Actual Cash Value (ACV), Stated Value, Loan or Lease Number, Effective Date or Date of Event.</i>			
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Mailing Specifications: Original and one copy to me (please write name/address below)
 Original to Certificate Holder, copy to me
 Fax copy to me immediately at: _____
 Then mail as indicated above _____

Request Submitted by: _____ Date: _____

Address: _____ Phone: _____

_____ FAX: _____