

# 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**

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.

**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:** \_\_\_\_\_