



CERTIFICATE OF COVERAGE REQUEST FORM
(Please allow 3 working days, whenever possible.)

Date Requested: _____ Requested By: _____
Date Needed: _____ Original To: _____
Copy To: _____

Requesting Member: _____

Issued To: Name: _____
Address: _____
Attn: _____
Fax #: (if necessary) _____

Reference/Purpose (why is the certificate needed) (please include date, location, lease or contract #, etc.)

Coverage Requested: (General Liability, Auto, Workers Compensation, and First Party Property)

Loss Payee Status Requested: [] Yes [] No
Additional Insured Stated Requested: [] Yes [] No

Important: Do not offer to provide additional insured unless requested and absolutely necessary. Staff will review and make determination on all requests for additional insured status.

Special Instructions or Requests:

Mail or Fax to Mary Henzler at the IRMA Office Upon Completion of This Form
Phone: 708/236-6343 Fax: 708/236-6344