# CERTIFICATE OF INSURANCE REQUEST FORM

**NEW JERSEY UTILITY AUTHORITIES JIF**

**E-Mail or Fax your request to: CAPACITY COVERAGE COMPANY**

#### Attention: Jon Ziman

|  |  |  |  |
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| **E-Mail Address:** | [**jziman@capcoverage.com**](mailto:jziman@capcoverage.com) | **FAX #:** | **201-661-7375** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Requested By:** |  | | | **Phone #** | |  |
| **Email Address:** |  | | | **FAX #:** | |  |
| **Date of Request:** | |  | | | | |
| **NJUA Member Authority:** | |  | | | | |
| **Certificate Holder’s Name:** | |  | | | | |
| **Certificate Holder’s Address:** | |  | | | | |
|  | | | | | | |
| **Description of Property, Location, Job, Order:** | | |  | | | |
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| **COVERAGES:** | | | | | **Check if needed on Cert** | |
| **General Liability ($10,000,000 x/s MELJIF-$1,000,000):** | | | | |  | |
| **Auto Liability ($10,000,000 x/s MELJIF-$1,000,000):** | | | | |  | |
| **Public Officials Liability ($10,000,000 x/s of QBE-$2,000,000):** | | | | |  | |
| **Property and Boiler & Machinery: ($150,000,000):** | | | | |  | |
| **Automobile Physical Damage:** | | | | |  | |

**If you need a Certificate for any/all of the following Coverage/Policies, directly contact the MEL JIF Service Team at:** [**MELUnderwritingSvcCntr@connerstrong.com**](mailto:katkinsfordham@connerstrong.com) **(856) 451-9314.**

* **Workers Compensation & Employers Liability**
* **Crime/Fidelity Bond**
* **General Liability or Automobile Liability: Primary $1,000,000 layer**
* **Public Officials Liability: $2,000,000 primary limit**

**Certificate Holder Needs to be added as:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Insured** | **Yes or No** |  | **Mortgagee** | **Yes or No** |
| **Loss Payee** | **Yes or No** |  | **Other (Describe)** |  |

|  |  |
| --- | --- |
| **Mail Original To The Certificate Holder** | **Yes or No** |
| **Fax or Email Certificate to the Following Person(s)** | **Fax # or Email Address** |
| **1)** |  |
| **2)** |  |
| **3)** |  |