

**CERTIFICATE REQUEST FORM  
JOINT INSURANCE FUND**

**Certificate Holder:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_  
Risk Management Consultant: \_\_\_\_\_

Telephone # : \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**JIF Name:** \_\_\_\_\_  
**Entity Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**COVERAGES AND LIMITS REQUESTED:** **RENEW ANNUALLY? YES NO**

**COVERAGES: ( X )**

- \_\_\_\_\_ General Liability
- \_\_\_\_\_ Auto Liability
- \_\_\_\_\_ Auto Physical Damage
- \_\_\_\_\_ Excess Liability
- \_\_\_\_\_ Property (All Risk)
- \_\_\_\_\_ Workers Compensation
- \_\_\_\_\_ Public Officials Liability
- \_\_\_\_\_ Crime/Fidelity Bond

**LIMITS:**

	<b>ADDITIONAL INSURED? YES NO</b>
	<b>ADDITIONAL INSURED? YES NO</b>
	<b>LOSS PAYEE? YES NO</b>

**DESCRIPTION:** *(include purpose of certificate, additional insureds, loss payees, etc.)*  
(If the date, month, or year is not absolutely required please do not include)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY ADDITIONAL INFORMATION NECESSARY TO ISSUE THIS CERTIFICATE SHOULD BE ATTACHED TO THIS FORM

<p align="center"><b>E-MAIL CERTIFICATE REQUEST TO:</b>  <a href="mailto:MELrequest@connerstrong.com">MELrequest@connerstrong.com</a>  <b>Please Allow 3 Business Days to Process.</b>            For <b>RUSH</b> certs please note <b>RUSH</b> in the BEGINNING of the emails Subject Line</p>
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