

**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:

	ADDITIONAL INSURED? YES NO
	ADDITIONAL INSURED? YES NO
	LOSS PAYEE? YES NO

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

E-MAIL CERTIFICATE REQUEST TO:
MELrequest@connerstrong.com
Please Allow 3 Business Days to Process.
For **RUSH** certs please note **RUSH** in the BEGINNING of the emails Subject Line