

**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)

LIMITS:

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

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