**CERTIFICATE OF INSURANCE REQUEST FORM**

Please complete form and email to: [sherry-ann.chance@ct.gov](mailto:sherry-ann.chance@ct.gov) with a copy to [Doreen.Lessard@AssuredPartners.com](mailto:Doreen.Lessard@AssuredPartners.com)

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Requester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email of Requester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured/State Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of State Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address of Cert Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event:

Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Coverage Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Event or

Special Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Coverage Required (if specific limits are needed, please indicate):**

   Commercial General Liability                                                                      Yes     No

   Automobile Liability                                                                                     Yes     No

   Automobile Physical Damage (Please indicate value of vehicle)                 Yes     No

   Property (Please indicate amount needed/value.):  $\_\_\_\_\_\_\_\_\_\_                 Yes     No

   Professional Liability (Student Malpractice)   $\_\_\_\_\_\_\_\_\_\_                 Yes     No

**Note - Please include the following as needed:**

**For property or equipment – Year, Make, Model, Serial #, VIN #, Value**

**For events – Description of Event, Number of Participants**

**For Fine Artwork – List of each item with individual values**

**Please include any backup – i.e. insurance requirements in contracts, lease agreements, etc.**