

# ARIZONA COUNTIES INSURANCE POOL (ACIP)

## REQUEST FOR CERTIFICATE OF INSURANCE

DATE:

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COUNTY:

\_\_\_\_\_

DEPARTMENT:

\_\_\_\_\_

REQUESTOR:

\_\_\_\_\_

PHONE:

EMAIL:

\_\_\_\_\_

FAX #:

PLEASE ISSUE A CERTIFICATE OF INSURANCE TO:

CERTIFICATE HOLDER:	
CONTACT NAME:	
ADDRESS:	
ADDRESS LINE #2:	
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	
FAX NUMBER:	

DATE CERTIFICATE NEEDED:

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COVERAGE REQUESTED:	LIMIT REQUIRED:	COVERAGE REQUESTED:	LIMIT REQUIRED:
GENERAL LIABILITY		PROPERTY	
AUTO LIABILITY		AUTO PHYSICAL DAMAGE	
WORKERS' COMP		OTHER (PLEASE SPECIFY)	

INTEREST / EVENT / CONTRACT # / DESCRIPTION OF PROPERTY OR VEHICLE:


CERTIFICATE HOLDER IS TO BE INCLUDED AS:

ADDITIONAL INSURED (review the contract; exceptions?)

LOSS PAYEE

PLEASE EMAIL YOUR REQUEST TO [eric.scott@navajocountyaz.gov](mailto:eric.scott@navajocountyaz.gov) OR FAX TO 928-524-4451  
SUBJECT MATTER - CERTIFICATE OF INSURANCE REQUEST.