

CERTIFICATE OF INSURANCE (COI) REQUEST

YOUR DEPT/AGENCY _____
YOUR NAME _____
YOUR PHONE/FAX _____

What company/organization is requesting the certificate of insurance from you?

CERTIFICATE HOLDER INFORMATION (Who is requesting the insurance from you)

COMPANY NAME _____
ATTENTION: _____
STREET ADDRESS _____
TOWN _____
STATE _____
ZIP _____

Is this certificate request relating to an equipment lease? Yes No
If no, skip to the next section. If yes, provide the following information:

LEASE NUMBER _____
LEASE EFFECTIVE DATE _____
LEASE TERMINATION DATE _____
TYPE OF EQUIPMENT Computer Copier Postage Meter
 Other – Describe: _____
BRAND NAME _____
MODEL NUMBER(S) _____
SERIAL NUMBER(S) _____
REPLACEMENT VALUE _____
OTHER RELEVANT INFO _____

Is this company/organization requiring loss payee status? Yes No
Is this company/organization requiring additional insured status? Yes No
Note: Naming an additional insured on your insurance policy is not desirable and should only be done when absolutely necessary!

Is this certificate request relating to the use of another’s premise to hold an event? Yes No
If no, skip to the next section. If yes, provide the following information:

DATE(S) OF EVENT _____
EVENT DESCRIPTION/TITLE _____

Is this company/organization requiring additional insured status? Yes No
Note: Naming an additional insured on your insurance policy is not desirable and should only be done when absolutely necessary!

If certificate is neither for an equipment lease nor a use of premise, please call Risk Management with details (287-3351 or 1-800-525-1252).

It is our practice to email the certificate to the you and have you distribute it as needed. Is this how you want this certificate handled? Yes No If no, how do you want it handled?
 Mail a copy to the Certificate Holder Fax a copy to Certificate Holder
 Other – describe: _____

Complete and e-mail to Risk Management Division (patricia.hayden@Maine.gov) OR Fax to 287-4008.