|  |  |
| --- | --- |
| 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

If additional insured status is required, be sure to send the contract or agreement with your COI request.

*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

If additional insured status is required, be sure to send the contract or agreement with your COI request.

*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 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 (jen.maddox@maine.gov) OR Fax to 287-4008.