



# CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

## Request for Certificate of Coverage

Member: \_\_\_\_\_

Sub-Member (if any): \_\_\_\_\_

Additional Covered Party: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Description of event or activity for which coverage is requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Event or Activity: \_\_\_\_\_

Location of Event or Activity: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount of Coverage Requested: \$ \_\_\_\_\_ excess of \$ \_\_\_\_\_ (S.I.R.)

**Please provide documentation which clearly indicates:**

- ⊞ that coverage is actually required;
- ⊞ the name of the party to be covered;
- ⊞ the specific nature of the event or activity; and
- ⊞ the amount of coverage required. (Please verify that the amount of coverage requested conforms to the amount set forth in the documentation.)

Individual Requesting Certificate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***E-mail or fax request to [Saima@cjprma.org](mailto:Saima@cjprma.org)***

*Revised: 03/10/2010*