

[What is a Certificate of Insurance?](#)

A Certificate of Insurance is simply a document that specifies who is insured and what coverage is available under a given policy. Its purpose is to provide evidence that your institution can satisfy various obligations - to pay liability losses it has assumed under contract, or to pay for loss or damage to property or autos for which it is responsible.

There are three basic types of Certificates of Insurance, each of which serves a different function. The Certificate Holder will request the specific conditions for the certificate. If they don't, use this guide to help you determine the type of certificate needed or ask us for help.

1. Evidence of Insurance is just that - proof that insurance coverage exists and details the coverage available. Evidence of Insurance Certificates do not extend any additional coverage to the holder.
2. Additional Insured specifies additional individuals or entities to be protected by your policy.
3. Loss Payee specifies that in the case of a loss, the payment will go to a named individual or organization. The Loss Payee endorsement is frequently combined with an Additional Insured endorsement on a certificate.

[What do I do when someone tells me I need to furnish them with a Certificate of Insurance?](#)

Fill out the Certificate of Insurance Request Form, which can be downloaded from our website, and fax it to our office! The fax number is indicated in the heading of the form. Our office phone number is also indicated on the form should you have any questions or require help filling out the form. After the certificate is created, the original will be faxed and/or mailed to the certificate holder; a copy will be faxed and/or mailed to you, and a copy will be kept here on file.

[Do I need to renew my Certificates of Insurance each year?](#)

A Certificate of Insurance is only good for the policy period listed, so your certificates will expire on June 30th of each school year. MCRMT provides an automatic renewal for certain certificates to its members each year. However, those certificates eligible for automatic renewal must meet the following criteria. Some examples are:

1. A school district has a work-based learning program with a local company as part of the school program every school year
2. A college is leasing a rental space on a yearly basis
3. A library is leasing a copier for 3 years, beginning in April 2000, and will continue until April 2003

Every May, we send a list of current renewable certificates to each member for their review, so members can edit the list and send corrections back to us before we renew their certificates.

Should you have any questions regarding the renewal process, please contact our office at 517-492-1380.

Step by Step Instructions

on how to fill out the certificate of insurance form

When requesting certificates, it's important to provide as much information as possible on the request form.

- (1) Member – name of your school district, community college or public library
- (2) Today's Date – self explanatory
- (3) Date Needed By – the urgency of the certificate; if possible, please allow at least 5 days for processing
- (4) Contact Person (name & title) – your name and title within the district
- (5) Phone – your phone number; to be called if there are questions concerning the request
- (6) Fax – your fax number; to which a copy of the certificate will be faxed
- (7) Certificate Holder – legal name of the entity or individual requiring the certificate
- (8) Address – mailing address of the certificate holder
- (9) Attention – if available, contact name of the specific individual to whom the certificate is to be sent
- (10) Phone – phone number for the contact person; to be called if there are questions concerning the request
- (11) Fax – fax number for the contact person; to which the original certificate will be faxed
- (12) Additional Insureds other than Certificate Holder (if applicable)
- (13) Description of the Request – include as much information as possible, answering the who, what, where, and when
 - For vehicles, make sure to provide the make, model, value, VIN number and the purpose, i.e. driver's education class
 - For equipment such as copy machines and computer equipment, make sure to provide the make, model, value, serial number and the purpose
 - Use this field to indicate any specific additional insured wording or other special needs required by the Certificate Holder

Don't forget to attach a copy of the contract!

- (14) Effective Date(s) – specific date(s) or time duration of this certificate
- (15) Type of Certificate – indicate whether the Certificate Holder requires to be added as ADDITIONAL INSURED and/or LOSS PAYEE, or simply requires EVIDENCE OF COVERAGE
- (16) Distribution of Certificate (circle all that apply) – as a standard procedure, the certificate of insurance will be faxed to the certificate holder and a copy will be faxed to you unless requested otherwise

Please see SAMPLE form below





Certificate of Insurance Request Form

Fax completed form to 517-492-1382

For assistance call 517-492-1380

(1) Member <i>Okemos Public Schools</i>	(4) Contact Person (name & title) <i>Jane Doe, Administrative Assistant</i>
(2) Today's Date <i>April 27, 2004</i>	(5) Phone <i>517-888-5678</i>
(3) Date Needed By (allow 5 days for processing) <i>May 3, 2004</i>	(6) Fax <i>517-888-1234</i>

(7) Certificate Holder <i>GMAC Leasing</i>	(9) Attention <i>John Smith, Finance Manager</i>
(8) Address <i>P.O. Box 3447</i>	(10) Phone <i>800-347-5555</i>
<i>Hunt Valley, MD 21065-0100</i>	(11) Fax (if certificate is to be faxed) <i>800-347-0000</i>

(12) Additional Insureds other than Certificate Holder (if applicable)
Davis Pontiac Dealership

(13) Description of Request (include as much information as possible)
Lease of 1999 Pontiac Grand Am, vin# ending in 45678, valued at \$20,000 for driver's education class

Attach a copy of the hold harmless and indemnity clauses to this request if incorporated into the contract.

(14) Effective Date(s)
April 1, 2004 to April 1, 2008

(15) Type of Certificate (circle all that apply)

Evidence of Coverage Additional Insured Loss Payee

(16) Distribution of Certificate (circle all that apply)

1. Certificate Holder - original

3. Other - copy

Fax and/or Mail

Fax and/or Mail

Name Bob Carsalesman, Davis Pontiac Dealership

2. Member - copy

Fax _____

Fax and/or Mail

Address 2160 Grand Am Drive, Okemos, MI 48864