



Certificate of Insurance Request Form

Fax completed form to (517) 492-1382 For assistance call (517) 492-1380

Member	Contact Person (name & title)
Today's Date	Phone
Date Needed By (allow 5 days for processing)	Fax

Certificate Holder	Attention
Address	Phone
	Fax (if certificate is to be faxed)

Additional Insureds other than Certificate Holder (if applicable)

Description of Request (include as much information as possible)
Attach a copy of the hold harmless and indemnity clauses to this request if incorporated into the contract.
Effective Date(s)
Type of Certificate (circle all that apply)
<input type="checkbox"/> Evidence of Coverage <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee

Distribution of Certificate (circle all that apply)

- | | | |
|----------------------------------|-----------------|-----------------------|
| 1. Certificate Holder - original | 3. Other - copy | Fax and/or Mail |
| Fax and/or Mail | Name | _____ |
| 2. Member - copy | Fax | _____ |
| Fax and/or Mail | Address | _____ |

Middle Cities Risk Management Trust ♦ 826 Municipal Way, Lansing, MI 48917