

CERTIFICATE OF INSURANCE REQUEST



CUMIS Insurance Society, Inc.

Common Purpose. Uncommon Commitment.

GENERAL INFORMATION

Date			
Credit Union Name		Contract Number	
Contact Person		Email Address	
Phone Number		Fax Number	
Mailing Address Street City State ZIP Code			

CERTIFICATE HOLDER

Name of Organization Requesting the Certificate			
Attention To/Contact Person		Email Address	
Phone Number		Fax Number	
Mailing Address Street City State ZIP Code			

CERTIFICATE HOLDER INSURANCE REQUIREMENTS

(If you have a copy of the insurance requirement details, you can attach or fax it with this form)

Coverage Types		
Limits	Minimum Deductibles	Waiver of Subrogation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Insured Name		
Additional Insured Address Street City State ZIP Code		
Loss Payee Name		
Loss Payee Address Street City State ZIP Code		
Type of Property		
Location of Property Street City State ZIP Code		

TYPE OF REQUEST

Proof of Insurance Requested for: <i>(select one)</i>
<input type="checkbox"/> A) Events – complete section A below
<input type="checkbox"/> B) Leased Auto – complete section B below
<input type="checkbox"/> C) Leased Equipment – complete section C below
<input type="checkbox"/> D) Leased Premises – complete section D below
<input type="checkbox"/> Real Estate Lending
<input type="checkbox"/> Other: _____

A. For Events Only <i>(Complete this section if you checked the Events box on page 1)</i>			
Event Title			
Credit Union Involvement in the Event			
Event Location Street		City	State ZIP Code
Event Date	Start Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
B. For Leased Auto Only <i>(Complete this section if you checked the Leased Auto box on page 1)</i>			
<input type="checkbox"/> Yes, vehicle is already scheduled on the policy.			
Year	Make	Model	
<input type="checkbox"/> No, vehicle is not scheduled on the policy.			
Year	Make	Model	
Vehicle ID Number (VIN)	Original Cost New <i>(if available)</i> \$	Estimated Annual Mileage	
Place of Garaging Street		City	State ZIP Code
Requested Coverage Type		Limits/Deductible \$	
C. For Leased Equipment Only <i>(Complete this section if you checked the Leased Equipment box on page 1. For multiple items, attach a list of all leased property/equipment.)</i>			
Description of Equipment			
Make	Model	Serial Number <i>(if available)</i>	
Account/Lease/Contract Number		Leasing Company Phone	
Location of Property/Equipment Street		City	State ZIP Code
Loss Payable Name			
Loss Payable Address Street		City	State ZIP Code
D. For Leased Premises Only <i>(Complete this section if you checked the Leased Premises box on page 1)</i>			
Credit Union Location Street		City	State ZIP Code
ATM Location Street		City	State ZIP Code
COMMENTS			

Return completed form via fax # 608.236.6010 or email to cuprotection@cunamutual.com

For questions contact the Credit Union Protection Response Center at 800.637.2676