

Request for Certificate of Insurance

Today's Date

Do you have a lease agreement, facility use application, contract or other license agreement?

- Yes, please fax or attach to this email and fill out Section 1 and 2 No, please fill out Section 1 and 2

Do you have any insurance requirements from the requestor?

- Yes, please fax to (909) 386-8948 or attach to this email when submitting No, please contact us at (909) 386-8635

Section 1

Requestor Information

Requestor

Organization

Mail Address

City

State Zip

Send Cert Attn:

Phone Number

Fax Number

Cc: Name

Address

City

State Zip Code

Event Information

Start Date End Date

Start Time End Time

Daily Attendance

Facility

Address

City

State ZIP

Description
of event

Section 2

Department Information

Department

Division

Contact Contact Phone

Send original directly to the facility and copy the department Yes No

OR

Mail original and scan/copy to the department Yes No