County of San Bernardino Department of Risk Management

Request for Certificate of Insu	ırance	Today's Date
Do you have a lease agreement, facility use application, contra	ct or other license	
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?		No places contact us at (000) 206 0625
Yes, please fax to (909) 386-8948 or attach to this email wh	ien submitting	No, please contact us at (909) 386-8635
Continu 1		
Section 1		
Requestor Information	Event Infori	nation
Requestor	Start Date	End Date
Organization	Start Time	End Time
Mail Address	Daily Attendar	nce
City	Facility	
State Zip	Address	
Send Cert Attn:	City	
Phone Number	State	ZIP
Fax Number		
Cc: Name	Description	
Address	of event	
City		
State Zip Code		
Section 2		
Department Information		
Department		
Division		
Contact	Contac	tt Phone
Send original directly to the facility and copy the department		Yes No
OR Mail original and scan/copy to the department		Yes No
Department of Risk Management - 222 W. Hospitality Ln. 3rd Floor S	San Bernardino, CA 924	15 - (909) 386-8655 Fax (909) 386-8948