



KERMP Certificate of Insurance Request Form

EMAIL COMPLETED FORM TO certrequests@ajg.com

(Any issues, questions, concerns regarding this certificate request please email Kate_Reens@ajg.com)

Request Date: _____ Requested by: _____
Certificates will be issued within 24 hours of received date and time.

District Name and Address: _____

Phone: _____
Fax: _____
E-mail address: _____

Certificates are delivered electronically, so please include a fax number or e-mail address for both the District and the Certificate Holder. The certificate will be delivered, as a PDF.

Name & Address of Certificate Holder:
(Third party requesting proof of coverage) _____

Phone: _____
Fax: _____
E-mail address: _____

Certificate Purpose: _____

If this is for an event, please state type of event, location and date. Please note that event dates cannot exceed policy term expiration date.

Special Wording: _____

Additional Insured Requested (applies to liability only)	Yes _____	No _____
Evidence of Coverage Requested	Yes _____	No _____
Loss Payee Requested (applies to property only)	Yes _____	No _____