

**Certificate of Coverage
Request Form**

Return completed form to:
rskannal@massup.org

County _____ Date _____
Requested by _____ Phone # _____ Number Pages _____

REQUEST CERTIFICATE OF INSURANCE FOR THE FOLLOWING

Certificate Holder _____ Attention _____
Address _____ City _____ State _____ Zip _____

REQUIRED COVERAGES

- | | | |
|--|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Automobile Liability | <input type="checkbox"/> Automobile Physical Damage |
| <input type="checkbox"/> Property/Contents | <input type="checkbox"/> Equipment | |
| <input type="checkbox"/> Excess Liability | <input type="checkbox"/> Other | |

Briefly describe the nature of the activity, purpose of the certificate or required wording by certificate holder.

Is there a written contract? Yes No If yes, please include with certificate request.

INTEREST

- Additional Interest** **Loss Payee** **Mortgagee**

Additional Interest - a certificate holder from whom you lease equipment, property or vehicles. This is commonly referred to as "Additional Insured."
Loss Payee - a party besides you (such as a lending institution) that has an insurable interest in the equipment, property or vehicles.
Mortgagee - usually the bank who holds the mortgage on a building.

SPECIAL HANDLING INSTRUCTIONS

Original to Cert Holder
(if different than above) _____
Mailing Address _____

Fax _____ Email _____

County Copy
Mailing Address
(if different than on file) _____

Fax _____ Email _____