

CSAC Excess Insurance Authority
Excess Liability Program

REQUEST FOR CERTIFICATE OF COVERAGE

County of

Today's Date

Certificate Holder & Address:

Required limits of
coverage to be
evidenced:
\$

Is certificate holder to be named as Additional Insured?

Yes/No

Description of Event/Reason for Request:
(Be specific including contract Nos., dates of events, etc.)

Special Wording or Provisions requested:

Ordered by:

County Department