

**Certificate Request Checklist**

<b>Requested By:</b> <b>RUSH?</b>	<b>Date:</b>	<b>Time:</b>
<b>New</b>	<b>Amend Existing</b>	<b>Number:</b>
<b>Deadline for Completion:</b>		

<b>Member:</b>
<b>JPA Sub Member:</b>

<b>Certificate Holder Information</b>		
Cert Holder Name		
Attn		
Address		
Address 2		
State	State	Zip Code
Email Address		

<b><u>Coverage</u></b>				
<b><u>Property</u></b>	<b><u>Liability</u></b>	<b><u>Med Mal</u></b>	<b><u>Work Comp</u></b>	<b><u>Other</u></b>
Location # Tower:  Earthquake Evidence Only Loss Payee	Additional Insured Evidence Only  Limit: Limit Agg: Auto Limit: Auto Agg:	Dr Specific Cert Dr List Credentialing	<b><i>Additional Insured Not Allowed</i></b>	Crime  Evidence only Joint Loss Payee   Cyber Pollution

<b><u>Special Endorsement</u></b>		
Primary/Non-Contributory	Waiver of Subrogation (Liability)	Waiver of Subrogation (Work Comp)

As Respects
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<b>FOR INTERNAL USE ONLY</b>								
Is there a contract?	Yes	No	N/A	Was the contract reviewed?	Yes	No	N/A	
Was the contract provided?	Yes	No	N/A					