

CERTIFICATE OF INSURANCE REQUEST FORM

If you are required to provide a Certificate of Insurance to a vendor, contractor, or other entity for any reason, please supply the following information and fax this form to the Risk Management Department at 317-273-6315 or email to service@associated-insurance.com.

PLEASE INCLUDE A COPY OF THE CONTRACT or sections relating to insurance, indemnification and/or hold harmless agreements with this form.

Your Name	Your Title
Your Department	Your e-mail
Your Telephone Number	Your Fax Number
Name of Certificate Holder (i.e. Entity requesting the certificate)	
Address of Certificate Holder	
<p><u>Description of Activity:</u> (This includes events, activities, research programs, leased and rented property, and various contracts.) For events, activities, and performance contracts include the date(s), time(s), and location of the event or activity. For leased and rented property, i.e., computer equipment, include a description and the dollar value of the property. (It is not necessary to include the value of leased or rented vehicles or the value of buildings when renting space.)</p>	

Type of Certificate of Insurance Requested:

- | | |
|-----------------------------|------------------------------|
| _____ Auto | _____ Property |
| _____ General Liability | _____ Professional Liability |
| _____ Workers' Compensation | |

Please note, Additional Insured status on a Certificate of Insurance CANNOT be granted without a copy of signed contract requesting same received in this office.