

Certificate of Insurance Request Worksheet

WV Board of Risk & Insurance Management

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(304) 558-6004 FAX

REQUESTS SHOULD BE MADE 48 HOURS IN ADVANCE OF EVENT

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

Date of request: _____ "Need Certificate by" Date _____

Your name: _____

Agent of record: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Named Insured: _____

Account/Certificate Number: _____

Name and complete address of Certificate Holder (not the insured) including Fax Number if certificate is to be Faxed or Email Address if it is to be emailed.

Reason for Certificate (Be Specific as to location and/or property) If for a special event, please provide the date and description of the event.

This Certificate of Insurance Request Form is for existing clients of our agency. This information will be kept strictly confidential and will be used for these purposes only.