



REQUEST FOR CERTIFICATE OF INSURANCE

From:	Name	Title	County Dept.
Contact Information:	Telephone	Email Address	
County Department Mailing Address:	Mailing Address		
Certificate Holder: <i>(party requesting certificate or proof of insurance, NOT COUNTY DEPT):</i>			
Address:	Mailing Address		
Contact Person:	Name	Telephone	Email Address
Event Dates required:	From	To	Is this an annual renewal?: Y N If yes, when is the contract expiration date?:

Lines of Coverage Requested:	Limit Required (if known):
General Liability (including Auto Liability):	\$
Workers' Compensation/ Employers' Liability:	\$
Professional Liability (med mal, errors & omissions):	\$
Property (e.g. buildings, equipment, etc.):	\$
Other:	\$

(PLEASE INCLUDE A COPY OF THE CONTRACT OR AGREEMENT WITH CERTIFICATE REQUEST FORM)

Note: The County of Riverside is a Self-Insured government entity for General, Auto, Professional Liability and Workers' Compensation/Employer's Liability. For this reason we cannot add a third-party as an Additional Insured. For Property coverage, a third-party may be added as Loss Payees (if required by contract/lease agreement only).

Please give a brief description of the reason for the certificate: _____

Requestor _____

Date _____

Email completed request to RiskManagement@rivco.org Please note that we cannot produce a Certificate of Insurance without a fully completed Certificate Request Form. Incomplete forms will be returned to the requesting department for additional information where indicated. Please allow a minimum of five (5) business days for the processing and delivery of the completed certificate.