



REQUEST FOR CERTIFICATE OF INSURANCE

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

<b>Lines of Coverage Requested:</b>	<b>Limit Required (if known):</b>
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](mailto: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.