



Maine Municipal Association
Risk Management Services
Property & Casualty Pool / Workers Compensation Fund

Certificate of Insurance Request Form

Email complete form to: rmsunderwriting@memun.org

Member:	
Contact:	
Date of Request:	

Please check most appropriate purpose for this certificate:	
<input type="checkbox"/> Activity/Event	<input type="checkbox"/> Vehicle/Mobile Equipment - Rental <input type="checkbox"/> Property - Lease <input type="checkbox"/> Vehicle/Mobile Equipment - Lease/Purchase
<input type="checkbox"/> Other (explain):	
Description of Activity/Event (including location(s) and date(s)):	

Please indicate the type of certificate requested:	
<input type="checkbox"/> Proof only <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Insured/Loss Payee	
*If the certificate holder is requesting Loss Payee and/or Additional Insured status, a copy of the agreement or a written request from the certificate holder must accompany this form. Any certificate does not amend, extend, or alter the coverage afforded by the Pool.	
We recommend all agreements be reviewed by your legal counsel.	
Lease/Loan #: (if applicable):	
Start Date:	
End Date:	

Certificate Holder:	
Mailing Address:	
Email:	
Contact Person:	

If the above certificate request is for a newly acquired property, vehicle, or piece of equipment, please complete the appropriate change request form.