



CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

Request for Certificate of Coverage

Member: _____

Sub-Member (if any): _____

Additional Covered Party: _____

Street Address: _____

City, State and Zip: _____

Attention: _____

Description of event or activity for which coverage is requested: _____

Date(s) of Event or Activity: _____

Location of Event or Activity: _____

Expiration Date: _____

Amount of Coverage Requested: \$ _____ excess of \$ _____ (S.I.R.)

Please provide documentation which clearly indicates:

- ⊞ that coverage is actually required;
- ⊞ the name of the party to be covered;
- ⊞ the specific nature of the event or activity; and
- ⊞ the amount of coverage required. (Please verify that the amount of coverage requested conforms to the amount set forth in the documentation.)

Individual Requesting Certificate: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

E-mail or fax request to Saima@cjprma.org

Revised: 03/10/2010