

# Certificate of Insurance Request Worksheet

WV Board of Risk & Insurance Management  
90 MacCorkle Avenue, Suite 203  
South Charleston, WV 25303  
(304) 766-2646; (800) 345-4669  
(304) 744-7120 FAX

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

Your name: \_\_\_\_\_

Date of request: \_\_\_\_\_ "Need Certificate by" date \_\_\_\_\_

Agent of record: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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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.