**Certificate of Insurance Request Worksheet**

**WV Board of Risk & Insurance Management**

**1124 Smith Street, Ste 4300**

**Charleston, WV 25301**

**(304) 766-2646; (800) 345-4669**

**(304) 558-6004 FAX**

REQUESTS SHOULD BE MADE 48 HOURS IN ADVANCE OF EVENT

**PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE**

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

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

**Agent of record**: \_BRIM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Named Insured: Mountwest Community & Technical College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account/Certificate Number**: L142; P142\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**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.**