

# ARIZONA COUNTIES INSURANCE POOL (ACIP)

## REQUEST FOR CERTIFICATE OF INSURANCE

DATE: \_\_\_\_\_

TO: Rose Unruh  
Arthur J. Gallagher & Co.  
8800 E. Chaparral Road #230  
Scottsdale, AZ 85250  
Email: rose\_unruh@ajg.com  
Telephone: (480) 845-6209 Fax: (602) 244-2242

COUNTY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_ FAX #: \_\_\_\_\_

PLEASE ISSUE A CERTIFICATE OF INSURANCE TO:

CERTIFICATE HOLDER:	
CONTACT NAME:	
ADDRESS:	
ADDRESS LINE #2:	
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	
FAX NUMBER:	

DATE CERTIFICATE NEEDED: \_\_\_\_\_

COVERAGE REQUESTED:	LIMIT REQUIRED:	COVERAGE REQUESTED:	LIMIT REQUIRED:
GENERAL LIABILITY		PROPERTY	
AUTO LIABILITY		AUTO PHYSICAL DAMAGE	
WORKERS' COMP		OTHER (PLEASE SPECIFY)	

INTEREST / EVENT / CONTRACT # / DESCRIPTION OF PROPERTY OR VEHICLE:


CERTIFICATE HOLDER IS TO BE INCLUDED AS:

ADDITIONAL INSURED (review the contract; exceptions?)  LOSS PAYEE