



ARIZONA MUNICIPAL RISK RETENTION POOL

14902 North 73rd Street ★ Scottsdale, Arizona 85260
Phone: 602-996-8810 ★ Fax: 602-996-9045

REQUEST FOR CERTIFICATE OF INSURANCE

City/Town: _____ Date: _____

Contact: _____ Phone: _____

CERTIFICATE INFORMATION

Description of location, event, vehicles, or operations:

Entity requesting the Certificate of Insurance:

Entity Name: _____ Contact Name: _____

Address: _____ Contact Phone: _____

Check the following coverages that need to be shown (Check all that apply)

General Liability Automobile Other (Describe)

Property Workers' Compensation _____

Status Requested (Check only one)

Certificate Holder Loss Payee

Additional Insured Additional Insured/Loss Payee