



Certificate of Insurance Request



Date Request Submitted: _____ Date Certificate Needed: _____

E-mail certificate to: _____

Fax certificate to (attn): _____

TSA Location Information	
ARC/CORP/INSTITUTION NAME:	LOCATION #:
ADDRESS:	
CITY, STATE:	ZIPCODE:

Location to be Insured	
NAME (IF DIFFERENT):	LOCATION #:
ADDRESS:	
CITY, STATE:	ZIPCODE:

Certificate Holder	
NAME:	
ADDRESS:	
CITY, STATE:	ZIPCODE:

Additional Insured (List all Parties)	
NAME (IF DIFFERENT):	
ADDRESS:	
CITY, STATE:	ZIPCODE:

Coverage Selection	
<input type="checkbox"/> General Liability Limit (if over \$500,000): _____	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Automobile Limit (if over \$500,000): _____	<input type="checkbox"/> Other (specify coverages, limits & include contract) _____

Description
Program, Service or Operation to be covered: _____ _____
Dates of Coverage: From: _____ To: _____
Specific Wording or Requirements: _____ _____ _____ _____