

AHRP

7111 NE 179th Street

Vancouver, Washington 98686

Phone: (360) 574-9035 - Fax: (360) 574-9401

PROOF OF INSURANCE REQUEST

To request proof of insurance coverage, please complete and submit this form to AHRP no less than five (5) work days prior to effective date.

- Name of Insured: _____
- Effective Date: _____ to Expiration Date: _____
- Contact: _____ Phone: _____
Email: _____ FAX: _____
- Proof of coverage requested:

___ LIABILITY	___ ERRORS & OMISSIONS
___ PROPERTY	___ FIDELITY / EMPLOYEE DISHONESTY
___ TERRORISM	___ HIRED AND NON OWNED AUTO
___ UMBRELLA	
- Do you require any of the following?
___ ENDORSEMENT
___ Name certificate holder as Loss Payee /Mortgagee (for Property)
___ Name certificate holder as Lender's Loss Payable (for Property)
___ Name certificate holder as Additional Insured (for Liability)
___ Add 30 day cancellation clause
___ CERTIFICATE ONLY
- AS RESPECTS (property location and address, event, administration of program contract, other): _____

- If this is an "EVENT", state Date of Event, Location and Activities: _____

- If this is a "PROGRAM CONTRACT," state Purpose of Contract and Responsibilities of the Insured:

- If the certificate holder requires specific wording on the certificate and/or grant/loan number, please state:

- The Certificate Holder's Name and Address:
(Unless otherwise requested, this is where the original certificate will be mailed. A copy will be emailed to the insured.)

