

RISK MANAGEMENT DIVISION
CERTIFICATE OF INSURANCE REQUEST FORM

PLEASE COMPLETE ENTIRE FORM

Name of Event: _____

Date of Event: _____

Times (include set-up and break-down): _____

Location of Event: _____

Specific building, booth, etc.: _____

Is this for a grant/agreement/lease: _____

Grant/Agreement/Lease Number: _____

Additional Insured Requirements: _____

Outside Agency/Vendor Requesting Certificate: _____

Outside Agency/Vendor Address: _____

SJC Department Requesting Certificate: _____

SJC contact Person, phone number and email: _____

Please allow up to 10 - 14 days for certificate.

Please return request form and appropriate documents to Risk Management - sjcriskmgmt@sjgov.org

If you should have any questions, please contact:

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