

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](mailto:sjcriskmgmt@sjgov.org)**

If you should have any questions, please contact:

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