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 have any questions, please contact:

HR Risk Management sjcriskmgmt@sjcgov.org 209.468.3376