



# CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

## Request for Certificate of Coverage

Member: REMIF

Sub-Member (if any): \_\_\_\_\_

Additional Covered Party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Description of event or activity for which coverage is requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event or Activity: \_\_\_\_\_

Location of Event or Activity: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount of Coverage Requested: \$ \_\_\_\_\_ excess of \$ \_\_\_\_\_ (S.I.R.)

**Please provide documentation which clearly indicates:**

- v that coverage is actually required;
- v the name of the party to be covered;
- v the specific nature of the event or activity; and
- v the amount of coverage required. (Please verify that the amount of coverage requested conforms to the amount set forth in the documentation.)

Individual Requesting Certificate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**E-mail request to [ADMIN@REMIF.COM](mailto:ADMIN@REMIF.COM)**  
**\*Allow 5-7 business days for processing\***

Revised: 02/2020