

# NMSIF Certificate of Insurance Request Form

**TO:** NMSIF Underwriting Department                      **FAX #:** (505) 820-0670  
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**FROM:** \_\_\_\_\_ **MUNICIPALITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

- GENERAL LIABILITY**  
 *EVENT*                       *PROJECT*

**NAME OF EVENT/PROJECT:** \_\_\_\_\_

**DATE(s):** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

*Please ✓ the appropriate box:*

- AUTO**                       **PROPERTY, INLAND MARINE, EDP, OR FINE ARTS**  
 *NEW PURCHASE*                       *RENTAL*                       *LEASE*

**DATE(s) OF RENTAL/LEASE:** \_\_\_\_\_

**MAKE:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_ **LAST 6 #'S OF VIN:** \_\_\_\_\_ **VALUE:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_

**\*\*This section must be completed in order for NMSIF to issue the certificate. The "Certificate Holder" is the person(s)/organization requiring proof of insurance.**

**Certificate Holder**

**NAME/ORGANIZATION:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_