

# NMSIF Certificate of Insurance Request Form

To: **NMSIF Underwriting Department**  
Email: **endorsements@nmml.org** Fax: (505) 820-0670

FROM: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

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

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

*Please ✓ the appropriate boxes:*

- GENERAL LIABILITY       WORKERS' COMPENSATION  
     EVENT                       PROJECT

NAME OF EVENT/PROJECT: \_\_\_\_\_  
DATE(S): \_\_\_\_\_  
TIME: \_\_\_\_\_  
PLACE: \_\_\_\_\_

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

DATE(S) OF RENTAL/LEASE: \_\_\_\_\_ VALUE: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_ LAST 6 #'S OF VIN OR SERIAL #: \_\_\_\_\_

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 NOT the insured member.

### Certificate Holder

NAME/ORGANIZATION: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_