NMSIF Certificate of Insurance Request Form

TO: NMSIF Underwriting Department **FAX #: (505) 820-0670**
Anne Nava e-mail: anava@nmml.org or Kathy Hennessy e-mail: khennessy@nmml.org

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: _____