

Request for Evidence of County's Insurance

(Please submit as early as possible in your event/agreement/rental planning process – and no later than 10 working days in advance of your need to provide evidence of insurance. Certain evidence can only be obtained from our carrier and this can take time.)

Department: _____ Department Contact: _____

Phone: _____ Date Evidence Needed: _____

(Fill in the information requested below and attach a copy of the agreement requiring Evidence of Coverage. The Insurance & Indemnification Sections must be included.)

Complete for all requests:

*Name and address of recipient: _____

*Name and address of other parties who require a copy: _____

*Are volunteers involved? ____Yes ____No
If Yes, have they registered with the Human Resources Volunteer Program Coordinator at extension #2331? ____Yes ____No

*Other information that Risk should know: _____

Complete if Evidence of Coverage is needed for an event or series of events:

*Date(s), Time (for example: from 8:00 a.m. to 4:00 p.m.), & Location(s):

*Description & Purpose of Event(s): _____

Note: Alcohol may not be served at County sponsored events.

Complete if Evidence of Coverage is needed for an ongoing agreement (service agreement, grant or funding agreement, license agreement, etc.)

*Term of Agreement: _____

*Purpose of Agreement: _____

