

Certificates of Insurance

The screenshot shows a web browser window displaying the Montana.gov website. The address bar shows the URL <http://rmtd.mt.gov/insurance/certofins1>. The page header includes the Montana.gov logo and navigation links for SERVICES, AGENCIES, LOGIN, and SEARCH. The main content area features a banner for the Department of Administration, Montana, with the tagline "Protecting Montana's Vital Assets & Resources" and the heading "RISK MANAGEMENT & TORT DEFENSE". Below this is a navigation menu with links for ABOUT US, INSURANCE, LOSS PREVENTION, TRAINING, CLAIMS, LEGAL, and ADVISORY GROUPS. The "CERTIFICATES OF INSURANCE" section explains that state agencies are often requested to furnish proof of insurance. It includes sub-sections for "AUTO LIABILITY" and "OTHER". The "CONTACT US" section provides the address: 1625 11th Ave, PO Box 200124, Helena, MT 59620-0124. The "AGENCY RESOURCES" section lists links for DOA Home, DOA Divisions, DOA Services, TRAINING SCHEDULE & REGISTRATION, and PCIS. The "STATE LINKS" section lists links for Governor Bullock's Office, Mobile Apps, Social Media Index, State Employee Directory, State Phone Book, and Visit Montana. The footer includes links for PRIVACY & SECURITY and ACCESSIBILITY, and the Montana.gov logo.

Helpful Hints:

- The Certificate Holder is the person or organization requiring proof of insurance (usually a non-state/university entity).
- The state agency or university requesting the COI should complete the form by entering their contact information in the second box, a description in the third box, and sign the first line.
- The second line must be signed by the agency or university's Risk Management Committee member before submitting the request form to RMTD.
- Question? Call RMTD at 444-2421.

Certificate of Insurance Request Form



Risk Management & Tort Defense Division
Department of Administration
PO Box 200124
Helena, MT
59620-0124
Phone: 406-444-2421
Fax: 406-444-2592
www.rmtd.mt.gov

Date:

"Certificate Holder" is the person(s)/organization requiring proof of insurance.

Certificate Holder:

Date(s) of Event:

Address/City/State:

Zip Code:

Requesting Agency

Name:

Contact Person:

Phone/Email:

Description of the events/activities/property: For events and activities provide a brief description, including how the event falls within the course and scope of your agency and fulfills the mission of the state. For leased and rented property, (i.e., computer equipment), include a description, serial number, and estimated replacement value of the property.

Coverage does not apply to injury or damage arising out of use of alcoholic beverages or from any other activity that is not in the course and scope of employment or fulfillment of the mission of the State of Montana. I hereby certify that this request for insurance coverage fulfills the mission of the State of Montana, falls within the course and scope of employment, and is in accordance with §2-9-305 MCA.

Signed By Sponsor/Requestor

Approved By Agency Risk Management Committee Member

Fax or email the signed request form to Kristie Rhodes at (406) 444-2592 or krhodes@mt.gov.

Approved By Risk Management & Tort Defense Division