

Certificate of Insurance Request Form



Date:

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

Certificate Holder:

Date(s) of Event:

Address/City/State:

Zip Code:

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

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