

Certificate Request Form Joint Insurance Fund

Certificate Holder:

Date of Request:

Risk Mngt. Consultant:

Telephone #:

Fax:

E-mail:

Entity Name:

Entity Address:

JIF Name::

Coverages and Limits Requested:

- General Liability
- Auto Liability
- Auto Physical Damage
- Excess Liability
- Property
- Workers Compensation
- Public Officials Liability
- Crime / Fidelity Bond

Limits:

<input type="text"/>
<input type="text"/>
<input type="text"/>
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<input type="text"/>

Description (include purpose of certificate, additional insureds, loss payees, etc.)

ANY ADDITIONAL INFORMATION NECESSARY TO ISSUE THIS CERTIFICATE SHOULD BE ATTACHED TO THIS FORM.

*****NOTE: PLEASE ALLOW THREE (3) BUSINESS DAYS FOR PROCESSING.*****

To E-Mail, Click Submit Button below

or

Fax to: **732-736-5274** Attn: MEL Underwriting Unit Conner Strong & Buckelew Companies Inc.

Additional Information