



**Please forward ASAP to:**  
**LARM**  
 League Association of Risk Management  
 1919 South 40th Street, Suite 212  
 Lincoln, NE 68506  
 Phone: (402) 742-2600  
 Fax: (402) 476-4089  
 customerservice@larmpool.org

# Certificate Request Form

## MEMBER

MEMBER NAME:	MEMBER EMAIL:	PHONE:
CONTACT NAME:		FAX:

## CERTIFICATE HOLDER INFORMATION - (Individual / Organization Requesting Certificate)

ORGANIZATION:		
ATTENTION:	DATE OF REQUEST:	
ADDRESS:	PHONE:	FAX:
	E-MAIL ADDRESS:	

EVENT/REASON CERTIFICATE IS NEEDED

## COVERAGE INFORMATION

<p>X Coverage to be shown on Certificate.</p> <p><input type="checkbox"/> GENERAL LIABILITY</p> <p><input type="checkbox"/> AUTO LIABILITY</p> <p><input type="checkbox"/> WORKERS' COMPENSATION</p> <p><input type="checkbox"/> INLAND MARINE</p> <p><input type="checkbox"/> PROPERTY</p>	<p>Please describe the limit required: _____</p> <p>Please describe the auto and limits required: _____</p> <p>Please describe the limit required: _____</p> <p>Please describe item and limit required: _____</p> <p>Please describe Property and limit required: _____</p>
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Please attach a copy of the request from the Business in order for us to fulfill their requirements.

Original Certificate will be mailed directly to the Certificate Holder with copies mailed to the Member. Please indicate if alternative handling is required.