



STATEWIDE INSURANCE FUND

A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994

ONE SYLVAN WAY

PARSIPPANY, NJ 07054

862-260-2050

FAX 862-260-2058

STATEWIDE INSURANCE FUND Certificate of Insurance Procedures and Request Form

Instructions:

Risk Management Consultants are responsible for issuing Certificates of Insurance (COI) for Statewide Insurance Fund Members EXCEPT for Law Enforcement and Public Officials Coverage. All Certificates that require Additional Insured status and/or indemnification of another party must be pre-approved by the Office of the Administrator prior to issuance. Please complete the information below and attach the written agreement, contract, or application indicating the requirement for additional insured, and provide a draft copy of the certificate for approval. Please forward requests to our office for handling, along with the applicable documentation.

Guidelines for adding an additional insured:

- If the request is required to comply with a contract arrangement or agreement, the RMC should interpret the insurance requirements and translate it to the draft certificate.
- Only coverages required by the agreement should be included on the COI.
- Only the limits required by the agreement should be included on the COI.
- The "description" section of the COI should clearly state the purpose of the certificate. The interest of this entity must be stated i.e. as respects leased property, equipment, etc.

Member Name: _____ Date of Request: _____

Risk Management Consultant: _____ Telephone #: _____

E-mail: _____

Certificate Holder: _____

COVERAGES:

- | | |
|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Excess Liability |
| <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Property |
| <input type="checkbox"/> Auto Physical Damage | <input type="checkbox"/> Public Officials Liability |

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

*If this is a new vehicle, has the Fund Administrator been notified to add this vehicle to the member's schedule?

Please email this completed form with the draft COI and applicable documents to

info@statewideinsurancefund.com