

# Certificate of Insurance

## REQUEST FORM

-----**PRINT AND EMAIL REQUEST**-----

All requests go to:

**Tona Faust** – County Commissioners Association of Pennsylvania

Direct: (717) 736-4757

Toll Free: 800-895-9039 ext 3357

Fax: 717-526-1020

[tfaust@pacounties.org](mailto:tfaust@pacounties.org)

**County or County Related Entity:** \_\_\_\_\_

**Certificate Holder:** \_\_\_\_\_ (Requester's Name and Address Required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explanation/Description:** \_\_\_\_\_ (Identification of Project, Event, Vehicle, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Coverage Requested:**

- General Liability
- Auto Liability
- Workers' Compensation
- Property/Auto Physical Damage
- Other \_\_\_\_\_

**Additional Insured:**

Loss Payee:  Yes  No  
Additional Comments:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Form Completed By: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_