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## CERTIFICATE OF INSURANCE / ADDITIONAL INSURED REQUEST FORM

**Note: Please allow 24 hours for issuance of certificates.**

Fill out one copy of this form for each entity to be considered as an Additional Insured. Certificates may be issued to landowners and government agencies at no charge. Other entities can be additionally insured for an additional coverage charge.

1. Participating Member's Company Name: \_\_\_\_\_  
 Coverage Contract Number: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Person Making Request: \_\_\_\_\_ Proposed effective date: \_\_\_\_\_
6. Request is for:  Certificate of Insurance  Additional Insured (Landowner/government agencies are no charge, all others additional fee)
7. If additional insured, specify relationship:  Landowner  Government Agency  Booking Agent/Entity  
 Contractor  Concessions  Other; Specify: \_\_\_\_\_
8. Describe reason for request: \_\_\_\_\_
9. Describe your relationship with the entity listed below: \_\_\_\_\_
10. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.  
 Additional Insured's Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_ Email: \_\_\_\_\_
11. Is the limit of liability for the certificate holder to be different than the limit on your coverage contract with the Association?  Yes  No If yes, please specify amount: \_\_\_\_\_
12. Is the certificate holder naming you as an additional insured on their insurance?  Yes  No

### REPRESENTATIONS AND WARRANTIES

By signing this request form, the Participating Member or Applicant for insurance hereby represents and warrants that the information provided herein and herewith, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the request, and subject to the same representations and warranties made in conjunction with obtaining the Coverage Contract to which the Additional Insured is being requested to be added.

**IMPORTANT:** Insurance is provided to participating members under a Master Group Policy of Insurance issued on behalf of the Healthcare and Human Services Insurance Purchasing Group Association of America, Inc., a qualified "Purchasing Group" under the Liability Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name