

# ARIZONA COUNTIES INSURANCE POOL (ACIP)

## REQUEST FOR CERTIFICATE OF INSURANCE

DATE: \_\_\_\_\_

TO: **Rose Unruh**  
**Arthur J. Gallagher & Co.**  
**426 N. 44<sup>th</sup> Street #320**  
**Phoenix, AZ 85008-6508**  
**Telephone: (602) 244-2233 Fax: (602) 244-2242**

COUNTY: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_ FAX #: \_\_\_\_\_

### PLEASE ISSUE A CERTIFICATE OF INSURANCE TO:

CERTIFICATE HOLDER:	
CONTACT NAME:	
ADDRESS:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	
FAX NUMBER:	
PLEASE CHECK HERE IF YOU WOULD LIKE THE CERTIFICATE FAXED OR EMAILED:	<input type="checkbox"/> Fax Number: _____ <input type="checkbox"/> Email: _____

### DATE CERTIFICATE NEEDED:

\_\_\_\_\_

### Coverage Requested:

- |  |   |
|--|---|
| <input type="checkbox"/> PROPERTY          | <input type="checkbox"/> WORKERS COMPENSATION   |
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> AUTO PHYSICAL DAMAGE   |
| <input type="checkbox"/> AUTO LIABILITY    | <input type="checkbox"/> OTHER (PLEASE SPECIFY) |

### INTEREST/EVENT/DESCRIPTION OF PROPERTY OR VEHICLE:


### CERTIFICATE HOLDER IS TO BE INCLUDED AS:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> ADDITIONAL INSURED | <input type="checkbox"/> LOSS PAYEE |
|---|-------------------------------------|

*ORIGINAL CERTIFICATE MAILED TO CERTIFICATE HOLDER UNLESS OTHERWISE REQUESTED*