



Colorado Special Districts
Property and Liability Pool

CERTIFICATE REQUEST

District Legal Name: _____

Certificate Holder Information

Name: _____

Mailing Address: _____

Email Address: _____

For what reason does the holder need the certificate:

Please check which coverages the certificate holder requires:

- | | | | |
|-----------|----------------------|-------------------|-----------------------|
| Property | Auto Liability | General Liability | |
| Equipment | Auto Physical Damage | Excess Liability | Workers' Compensation |

Does the District have a contract with this certificate holder? Yes No

If yes, please indicate which of the following are required under the insurance section, and **provide a complete copy of the contract** with this request:

Property/Equipment

- | | |
|-----------|------------|
| Mortgagee | Loss Payee |
|-----------|------------|

Auto Physical Damage

- Loss Payee

General Liability, Auto Liability and/or Excess Liability

- | | | |
|--------------------|------------------------------|-----------------------|
| Additional Insured | Primary and Non-Contributory | Waiver of Subrogation |
|--------------------|------------------------------|-----------------------|

Workers' Compensation

- Waiver of Subrogation

Remarks / Notes:

Signed*: _____

Dated: _____

Print Name: _____

Once completed, please e-mail to pc@csdpool.org along with a copy of the contract, if applicable. Forms must be e-mailed from an official address (no personal email accounts).

*If you prefer to sign this "electronically" please send the auto-filled form back with the signature line above empty from your work email address.

By sending this form electronically, you agree to the electronic transmission of this form, copy(ies) of any contract, and certificate. Further, you acknowledge that the CSD Pool will retain records related to this certificate electronically.