

**TML RISK MANAGEMENT POOL
CERTIFICATE OF INSURANCE REQUEST FORM**

INSURED: _____

AGENT: _____

WORKERS COMPENSATION: LIABILITY: PROPERTY:

EFFECTIVE DATE: _____

MORTGAGEE: _____

AS RESPECTS: _____

LOSS PAYEE: _____

AS RESPECTS: _____

LOSS PAYEE/ADDITIONAL INSURED: _____

AS RESPECTS: _____

CERTIFICATE HOLDER ONLY: _____

AS RESPECTS: _____

REQUESTED BY: _____

DATE: _____