

**TENNESSEE SCHOOL BOARDS RISK MANAGEMENT TRUST**  
CERTIFICATE OF INSURANCE REQUEST FORM

Insured: \_\_\_\_\_

Agent: \_\_\_\_\_

COI Type Requested:  Auto  Liability  Property

---

Mortgagee: \_\_\_\_\_  
\_\_\_\_\_

Property Description & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Loss Payee: \_\_\_\_\_  
\_\_\_\_\_

Property Description & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Loss Payee/Additional Insured: \_\_\_\_\_  
\_\_\_\_\_

Property Address / Vehicle Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Certificate Holder Only: \_\_\_\_\_  
\_\_\_\_\_

Certificate Holder's Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Description & Date of Event: \_\_\_\_\_  
\_\_\_\_\_

---

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_