

HARRP

7111 NE 179th Street

Vancouver, Washington 98686

Phone: (360) 574-9035 - Fax: (360) 574-9401

PROOF OF INSURANCE REQUEST

To request proof of insurance coverage, please complete and submit this form to HARRP no less than five (5) work days prior to effective date.

• Name of Housing Authority: _____ Effective Date: _____

• Housing Authority Contact: _____ Phone: _____

Email: _____ FAX: _____

• Proof of coverage requested: ___ LIABILITY ___ ERRORS & OMISSIONS
 ___ PROPERTY ___ FIDELITY / EMPLOYEE DISHONESTY
 ___ AUTO

• Do you require any of the following?

___ ENDORSEMENT

___ Name certificate holder as Loss Payee /Mortgagee clause (for Property)

___ Name certificate holder as Additional Covered Party clause (for Liability)

___ CERTIFICATE ONLY

• AS RESPECTS (property location and address, event, administration of program contract, other): _____

• If this is an "EVENT", state Date of Event, Location and Activities: _____

• If this is a "PROGRAM CONTRACT," state Purpose of Contract and Responsibilities of the Housing Authority:

• If the certificate holder requires specific wording on the certificate and/or grant/loan number, please state:

• The Certificate Holder's Name and Address:

(Unless otherwise requested, this is where the original certificate will be mailed. A copy will be mailed to the Housing Authority.)

