

REQUEST FOR CERTIFICATE OF INSURANCE

Note – please update shaded areas only

DATE:

NAMED INSURED(S) (Name and address to be shown on certificate):

New York State High School Officials – (Please insert your division)

DATE NEEDED:

CERTIFICATE HOLDER (include address and contact):

DESCRIPTION OF OPERATION/LOCATIONS AND REASON FOR REQUEST:

TRANSMITTAL/DELIVERY INSTRUCTIONS:

Fax: _____ Mail: _____

**MARSH &
MCLENNAN**
AGENCY

Dawn M. Croft
Senior Account Manager
Commercial Division

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NIA

NEWYORKS
Cert Request Form
ADMC