



CERTIFICATE OF INSURANCE REQUEST FORM

NOTE: This is a 2-page “fill-in” form. As you type in the shaded areas, the line will get longer, you may delete spaces if needed. Or you may print it out, fill it out, scan it and submit it as an email attachment.

1) Today's Date: _____

2) Name of Board of Education: _____
WAYNE BOARD OF EDUCATION

3) Name/Address of Agency: _____
50 NELLIS DRIVE, WAYNE, NEW JERSEY 07470

4) Name of Person Completing this form: _____

5) CERTIFICATE HOLDER - Name & Address: (who is asking for this certificate of insurance?)

TYPE OF CERTIFICATE: (Please provide as many details as possible)

6) **IS THIS REQUEST:** Evidence Only: (FYI - your office may issue if Evidence Only)

Additional Insured: Loss Payee: Mortgagee: Property Owner: (NJSIG MUST issue these types)

If this is a leased location please complete the “Additional Insured/Building Owner Questionnaire**” – this will be needed before we can issue a certificate of insurance naming the Building Owner/Landlord as an Additional Insured.

7) **IF ADDITIONAL INSURED:** Please describe the event, trip or service (why is an Additional Insured clause needed?)

(Please ask if the BOE is paying for this event, trip, or service - If so, why would NJSIG extend coverage?)

8) Event/Effective Date (s): _____



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IF LOSS PAYEE:

9) Equipment description (lease # if available): _____

10) Amount (\$) of contract/lease: _____

11) Does TIV need to be amended to reflect change? NO: YES: Effective Date: _____

IF AUTO:

12) Vehicle(s) description (yr., make, model, VIN # and value):

13) Does this vehicle(s) need to be added to the policy? YES: Effective Date: _____

NO: If short term rental (less than 30 days) what are the dates this vehicle will be rented?

14) **IMPORTANT:** ATTACH THE ORIGINAL/REQUEST CONTRACT WITH INSURANCE REQUIREMENTS AND ANY CORPORATE NAMING OR INSTRUCTIONS FOR THIS CERTIFICATE.

IF THE CERTIFICATE IS FOR THE NJ School Development Authority (SDA) (for a construction/renovation project):

There are three types of certificates that we issue for the State; therefore, we need to know more information so that we issue the correct certificate. Please see the following three descriptions as well as the attached for the State type certificates - we need specific documentation (**See attach the SDA Requirements form**) before we can issue:

A. Is this an **UPCOMING PROJECT**? No contractors selected yet? They are submitting an application for funding? (The certificate we issue at this stage will NOT cover any construction activities until the contractors are selected and can provide certificates of insurance and endorsements naming the District and the four State Entities as Additional Insureds with respects to the project)

B. Is this an **ACTIVE PROJECT**? Contractors selected and currently on the premises - or will begin project soon? (Need all info from requirements list) and Contractors cert(s) **AND** endorsement(s) - see page 2 # 7 of Requirements list)

C. Is this a **COMPLETED PROJECT** and they are looking for their final funding?

(Please provide location of project (which insured location was work done), what was the project for (scope of work) and the State Project #.



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ALSO - Please be advised that the Certificate of Insurance provides Limited Builders Risk Coverage for the referenced project(s). Please refer to the NJSIG Property Form *NJSIG-P1 Article 1. C. 1. a. (page 4 of 14)*. It is your responsibility to secure adequate Builders Risk Coverage should you deem such coverage necessary.

Please submit your certificate requests to your Broker. Brokers, please submit Certificate requests to:

certificates@njsig.org

Thank you!