

ADMINISTRATIVE PROCEDURES



Procedure Number: 30-21

Effective Date: 06/16/2008

Revision Date: _____

C. Dubutsky

County Administrator

SUBJECT: REQUESTING A CERTIFICATE OF INSURANCE

DEPARTMENT RESPONSIBLE: Finance And Risk Management

I. STATEMENT

A request of proof of insurance may be required by outside parties prior to conducting business with Pima County. In accordance with Arizona Revised Statutes §11-981 and Pima County Code §3.04, Pima County is self-insured. Therefore, proof of insurance is to be requested from the Risk Management Division, Department of Finance and Risk Management, and a copy of a contract or notification of the event requiring insurance must accompany the request.

This Administrative Procedure sets forth the process by which County Departments may request a Certificate of Self-Insurance from the Department of Finance and Risk Management whenever such a certificate is required by an outside entity.

II. PROCEDURE

The Request for Certificate of Insurance can be found as Attachment 1 and on the Intranet at Finance and Risk Management – Forms, url <http://intranet.pima.gov/Finance/HTML/Forms.html>.

A. Complete the request with the following information:

Requesting Department and date
Requestor's contact information
Date of needed coverage and frequency
Reason for the certificate
Documentation: Contract or copy of event or notification stating insurance requirements

B. After completion of the request, forward it to the Risk Management Division Manager, Department of Finance and Risk Management, 130 W. Congress, 6th Floor.

C. The Risk Management Division will prepare a Certificate of Insurance and forward it to the requesting vendor prior to the date needed.

Attachment 1

**PIMA COUNTY
DEPARTMENT OF FINANCE & RISK MANAGEMENT**

RISK MANAGEMENT DIVISION
150 W. CONGRESS ST., 1ST FLOOR
TUCSON, ARIZONA 85701-1317
(520) 243-4477 FAX (520) 798-1407

Request for Certificate of Insurance

Requesting Department: _____ Date: _____

Requestor Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Date(s) needed: _____

Certificate needed: Annually One-time

Reason/Explanation for request: _____

Insurance Coverage & Limits being requested

General Liability: \$ _____

Automobile Liability: \$ _____

Workers' Compensation: \$ _____

Professional Liability: \$ _____

Attached Documentation

