

CERTIFICATE OF INSURANCE REQUEST FORM
NEW JERSEY UTILITY AUTHORITIES JIF

E-Mail or Fax your request to: **CAPACITY COVERAGE COMPANY**
Attention: Jon Ziman
E-Mail Address: **jziman@capcoverage.com** **FAX #: 201-661-7375**

Requested By:		Phone #	
Email Address:		FAX #:	
Date of Request:			
NJUA Member Authority:			
Certificate Holder's Name:			
Certificate Holder's Address:			
Description of Property, Location, Job, Order:			
COVERAGES:	Check if needed on Cert		
General Liability (\$10,000,000 x/s MELJIF-\$1,000,000):			
Auto Liability (\$10,000,000 x/s MELJIF-\$1,000,000):			
Public Officials Liability (\$10,000,000 x/s of QBE-\$2,000,000):			
Property and Boiler & Machinery: (\$150,000,000):			
Automobile Physical Damage:			

If you need a Certificate for any/all of the following Coverage/Policies, directly contact the MEL JIF Service Team at: MELUnderwritingSvcCntr@connerstrong.com (856) 451-9314.

- Workers Compensation & Employers Liability
- Crime/Fidelity Bond
- General Liability or Automobile Liability: Primary \$1,000,000 layer
- Public Officials Liability: \$2,000,000 primary limit

Certificate Holder Needs to be added as:

Additional Insured	Yes or No	Mortgagee	Yes or No
Loss Payee	Yes or No	Other (Describe)	

Mail Original To The Certificate Holder	Yes or No
Fax or Email Certificate to the Following Person(s)	Fax # or Email Address
1)	
2)	
3)	