

# CARMA EXCESS LIABILITY CERTIFICATE REQUEST

Date: \_\_\_\_\_

To: Lance Gerber  
Bickmore

Phone: (800) 541-4591, ext. 1185

Fax: (916) 244-1199

e-mail: [lgerber@bickmore.net](mailto:lgerber@bickmore.net)

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**From:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Insured Information:**

Member City: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Certificate Holder:**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Description of activity for which coverage is requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Limits of Liability: \$ \_\_\_\_\_ SIR: \$1,000,000

Additional Covered Party:  Yes  No

**Please provide back up documentation such as a contract or lease agreement, which clearly indicates the insurance requirements, and the contact information for all named parties.**