***Certificate of Insurance Request Form***

***Arthur J. Gallagher Risk Management Services, Inc.***

*Please select the policy for which a certificate is being requested:*

\_\_\_\_\_ [Aviation Insurance (Hull and Liability)](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/aviation_insurance_hull_and_liability) (AV 004794077-53)

\_\_\_\_\_ [Contractor's Equipment Insurance](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/contractor_s_equipment_insurance) (UM00056635MA18A)

\_\_\_\_\_ [Electronic Data Processing (EDP) Equipment Insurance](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/electronic_data_processing_edp_equipment_insurance) (6696877)

\_\_\_\_\_ [Fine Art Insurance (Indoor and Outdoor)](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/fine_art_insurance_indoor_and_outdoor) (SF0124818)

\_\_\_\_\_ [Miscellaneous Property Insurance](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/miscellaneous_property_insurance) (UM00030629MA18A)

\_\_\_\_\_ [Ocean Marine Insurance (Hull, Liability, and Cargo)](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/ocean_marine_insurance_hull_and_liability) (OMH 583-30-46 and OMC 383-90-71)

\_\_\_\_\_ [Unmanned Aircraft Aviation (UAV) Insurance](https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program/unmanned_aircraft_aviation_uav_insurance) (UM 081151140-52)

*Requesting Agency and Email Contact*

*Item Name and Description*

*Item Value Anticipated Dates of Coverage*

*Item Location (Address)*

*Lessor Name and Mailing Address*

*Lessor is:*

 ***Loss Payee***

*Check the following box to indicate that you understand that proof of an item’s value must be in the possession of and maintained by your office. (A certificate of insurance will not be issued unless the following box is marked.)*

 ***I understand the statement above and will comply.***

***Email completed Certificate of Insurance Request Form to*** ***Miami.BSD.SOFCerts@ajg.com*** ***and copy*** ***Jill.Soderberg@dms.myflorida.com******,*** ***Stephanie.Wyland@dms.myflorida.com******,*** ***Tanya\_Lewicki@ajg.com******, and*** ***Jessica\_Azucena@ajg.com******.***