

ATLANTIC COUNTY INSURANCE COMMISSION  
CERTIFICATE REQUEST FORM

Name of Commission Member Entity

Date of Request: \_\_\_\_\_

Atlantic County

Requested By (individual from member Entity):  
\_\_\_\_\_

Atlantic County Utilities Authority

Telephone #: \_\_\_\_\_

Atlantic County Improvement Authority

Facsimile #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Outside Organization Requesting Certificate: \_\_\_\_\_

Address of the Outside Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVERAGES AND LIMITS REQUESTED (standard coverages and limits are pre-selected)

Coverage: (X)

**Limits:** (if optional limits are to be shown)

General Liability

\$250,000

Auto Liability

\$250,000

Auto Physical Damage

Excess Liability

\_\_\_\_\_  
\$5,500,000

Property

Workers Compensation

\_\_\_\_\_  
Statutory/\$5,750,000 (if applicable)

Public Officials Liability

Crime / Fidelity Bond

DESCRIPTION: (include purpose of certificate, additional insureds, loss payees, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

ANY ADDITIONAL INFORMATION NECESSARY TO ISSUE THIS CERTIFICATE SHOULD BE ATTACHED TO THIS FORM.

NOTE: PLEASE ALLOW THREE (3)  
BUSINESS DAYS FOR PROCESSING

1/1/12

**E Mail to:**  
**NJCECertRequest@connerstrong.com**  
**Or**  
**Fax to:**  
**856-685-2230**  
**Attn: NJCE Certificate Request Unit**  
**Conner Strong**