



Certificate of Insurance Request

Vendor: _____ Attn: _____

Date: _____

PLEASE SEND AN UPDATED CERTIFICATE OF INSURANCE AS SOON AS POSSIBLE TO AVOID DELAYS IN PROCUREMENT. IF YOU HAVE SENT ONE IN BEFORE IT MAY HAVE EXPIRED. PLEASE EMAIL OR FAX THE CURRENT CERTIFICATE TO THE FAX NUMBER 301-883-6440 AND THEN MAIL THE ORIGINAL TO THE ADDRESS BELOW. YOUR PROMPT RESPONSE WOULD BE GREATLY APPRECIATED.

1.) COVERAGE TYPES AND AMOUNTS ARE PER TERMS & CONDITIONS OF CURRENT CONTRACT. COVERAGE TYPES AND AMOUNTS FOR NON-CONTRACT PURCHASES TO BE DETERMINED BY THE PRINCE GEORGE'S COUNTY MARYLAND RISK ASSESSMENT MANAGEMENT.

2.) 'PRINCE GEORGE'S COUNTY MARYLAND' MUST BE CLEARLY NAMED AS ADDITIONAL INSURED

3.) CERTIFICATE HOLDER FIELD MUST CONTAIN THE CORRECT TITLE AND ADDRESS AS FOLLOWS:

**PRINCE GEORGE'S COUNTY MARYLAND
CONTRACT ADMINISTRATION & PROCUREMENT DIVISION
1400 MCCORMICK DRIVE
SUITE 200
LARGO, MD 20774**

** Please see the following 'Sample Certificate' that illustrates the County requirements **

