

Wells Fargo of California Insurance Services
1039 N. McDowell Blvd. Suite A
Petaluma, CA 94954-1173
(707) 769-2900 phone

Certificate of Insurance Request Form

Cathy Gallagher
(707) 773-773-1843 phone
OR
(707) 773-1868 fax

Tuolumne JPA

Date: _____ District Name: _____

*****CERTIFICATE HOLDER INFO*****

Name: _____

Attn: _____

Address: _____

City: _____ ST _____ Zip _____

Coverages:

- Workers' Comp
- Waiver of Subrogation Wording Required

PLEASE PROVIDE
**COPIES OF INSURANCE REQUIREMENTS, SPECIAL FORMS,
SAMPLE CERTS, AND ANY SPECIAL WORDING.**

Any special instructions insert here:

Please Return by: Mail Fax #: () _____ — _____

: Email Attn: _____

Date you need certificate: _____