

REQUEST FOR CERTIFICATE OF SELF-INSURANCE (COI)

This section refers to the State of Nebraska agency making the request

Date of request: _____

Name of individual making request: _____

Your Agency Name (where COI will be returned): _____

Complete the section that pertains to your request

If COI is requested of your agency by an outside company/location/landlord:

NAME of the company/landlord providing the service/space: _____

ADDRESS of the company/landlord providing the service/space: _____

START/END DATE(S): _____

LEASE NUMBER (if applicable): _____

OR

If your agency is requesting a COI for a SPECIFIC event your agency is conducting:

ADDRESS where the event will take place: _____

WHEN (specific dates your agency will participate in the event): _____

PURPOSE (e.g.: state fair, specific workshop/training, etc.) _____

Please email to: AS Risk Insurance (as.riskinsurance@nebraska.gov)

Or

If you have any questions, please call 402.471.2551

PLEASE NOTE: Risk Management requires a minimum of a five (5) business day advanced notice to turn around these requests.