

**Colville Confederated Tribes
Property & Casualty**

Evidence of Property Insurance Request Form

Program: _____

Employee Name: _____

Email Address: _____

Phone #: _____

Purpose: _____

Name and full address of Certificate Holder:

Is certificate holder having any of the following? Mortgagee, Additional Insured, Loss Payee

Is there a loan #: _____

Address of location for certificate:

What type of Coverage & limits requested (check all that apply)?

() Real property () Contents () Business Income

Send to Property & Casualty:

Zekkethal.vargas.fms@colvilletribes.com

509 634 2194 Fax

509 634 2146 Phone