

**Colville Confederated Tribes
Property & Casualty**

Certificates of Liability Request Form

Program: _____

Employee Name: _____

Email Address: _____

Phone #: _____

Purpose: _____

Name and full address of Certificate Holder:

Does Certificate Holder need to be named as Additional Insured or is a Waiver of Subrogation requested?

() REQUIRED DOCUMENT NEEDED. Copy of Contract/Agreement Insurance Section.
Please attach this with request.

Please send to:

Zekkethal.vargas.fms@colvilletribes.com

509 634 2194 Fax

Any Questions please call:

Zekkethal Vargas-Thomas

509 634 2146