

WORKERS' COMPENSATION CERTIFICATE REQUEST

Local Agency Workers' Compensation Excess JPA (LAWCX)

Date:

To: Jennifer Achterberg
1750 Creekside Oaks Dr., Ste 200
Sacramento, CA 95833

Phone: (800) 541-4591, ext. 4605
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From:

Entity Name:
If member of a LAWCX
JPA, list JPA Name:
Contact Name:
Street Address:
City, State, and Zip code:
Phone:
E-mail:

Fax:

Certificate Holder:

Name:
Street Address:
City, State, Zip Code:
Attention:
Phone:
E-mail:

Fax:

Email, Mail or Fax:
(check one)

Requires original to
be:

Emailed

Mailed
to Cert.
Holder

Mailed to
Requester

Description of activity for which coverage is requested:

Waiver of Subrogation Required (check here): Yes

No

Date(s) of Activity:

Please provide back up documentation such as a contract or lease agreement, which clearly indicates the insurance requirements.