



Financial Affairs Division
Arizona Department of Insurance
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 Web: <https://insurance.az.gov>

CERTIFICATE REQUEST FORM

SECTION A: INSURANCE COMPANY INFORMATION (SUBMIT ONE FORM PER COMPANY)

INSURANCE COMPANY NAME:	STATE OF DOMICILE:	NAIC NUMBER:

SECTION B: CERTIFICATE INFORMATION

TYPES OF CERTIFICATE:	QUANTITY:	COST:	PRICE:
* <u>Certificate of Authorization & Deposit</u>		\$3.00	
<u>Certificate of Valuation</u> (Life Companies Only)		\$3.00	
* <u>UCAA Certificate of Deposit</u> (Excludes Companies with WC)		\$3.00	
<u>UCAA Certificate of Compliance</u> (Domestic Only)		\$3.00	
MAKE CHECK PAYABLE TO: ARIZONA DEPARTMENT OF INSURANCE (TO BE PAID PRIOR TO MAILING CERTIFICATES)			TOTAL:

*** SECTION C: EFFECTIVE DATE REQUESTED FOR ABOVE: *** _____ (EXAMPLE: 12/31/2016 OR CURRENT)

SECTION D: CONTACT INFORMATION

CONTACT:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP	
PHONE:	
EMAIL:	
FED-X [RECOMMENDED]	
UPS	NO LONGER AN OPTION
PICKUP	

**NOTE: ENCLOSE SHIPPING LABEL OR AN ACCOUNT NUMBER FOR FED-X
 (CERTIFICATE(S) WILL BE SENT BY REGULAR MAIL IF FED-X SHIPPING LABEL OR ACCOUNT NUMBER
 IS NOT ENCLOSED OR LISTED)**