



## 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 &amp; Deposit</u>   | [ ]       | \$3.00 |               |
| <u>Certificate of Valuation (Life Companies Only)</u>   | [ ]       | \$3.00 |               |
| * <u>UCAA Certificate of Deposit (Does not include WC deposit, if any)</u>                                  | [ ]       | \$3.00 |               |
| <u>UCAA Certificate of Compliance (Domestic Only)</u>   | [ ]       | \$3.00 |               |
| MAKE CHECK PAYABLE TO: ARIZONA DEPARTMENT OF INSURANCE<br>(MUST BE PAID PRIOR TO CERTIFICATES BEING MAILED) |           |        | <b>TOTAL:</b> |

\* **SECTION C:** EFFECTIVE DATE REQUESTED FOR ABOVE: \* \_\_\_\_\_ (EXAMPLE: 12/31/2019 OR CURRENT)

### **SECTION D: CONTACT INFORMATION**

|                        |  |
|------------------------|--|
| CONTACT:               |  |
| COMPANY:               |  |
| ADDRESS:               |  |
| CITY, STATE, ZIP       |  |
| PHONE:                 |  |
| EMAIL:                 |  |
| FEDEX<br>[RECOMMENDED] |  |
| UPS                    |  |
| PICKUP                 |  |

**NOTE: ENCLOSE SHIPPING LABEL OR AN ACCOUNT NUMBER FOR FEDEX.**

**CERTIFICATE(S) WILL BE SENT BY REGULAR MAIL IF FEDEX SHIPPING LABEL OR ACCOUNT NUMBER IS NOT ENCLOSED OR LISTED ABOVE.**

Questions, contact Anthony McCormack at [amccormack@azinsurance.gov](mailto:amccormack@azinsurance.gov) or (602) 364-3245.