



ARIZONA DEPARTMENT OF INSURANCE
 Financial Affairs Division
 2910 North 44th Street, Suite 210 • Phoenix, AZ 85018-7269
 Tel: (602) 364-3988 • Email: lhunt@azinsurance.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 (Life Companies Only)</u>	[]	\$3.00	
<u>* UCAA Certificate of Deposit (Excludes Companies with WC)</u>	[]	\$3.00	
<u>UCAA Certificate of Compliance (Domestic Only)</u>	[]	\$3.00	
MAKE CHECK PAYABLE TO: THE ARIZONA DEPARTMENT OF INSURANCE- (TO BE PAID PRIOR TO MAILING CERTS)		TOTAL:	

*** SECTION C:** EFFECTIVE DATE REQUESTED FOR ABOVE: * _____ (EXAMPLE: 12/31/11 OR CURRENT)

SECTION D: CONTACT INFORMATION

CONTACT:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP	
PHONE:	
EMAIL:	

UPS	NO LONGER AN OPTION
FED-X [RECOMMENDED]	
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)