



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

CERTIFICATE REQUEST FORM

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

Table with 3 columns: INSURANCE COMPANY NAME, STATE OF DOMICILE, NAIC NUMBER

SECTION B: CERTIFICATE INFORMATION

Table with 4 columns: TYPES OF CERTIFICATE, PLACE A 1 IN APPLICABLE BOX(S), COST, PRICE. Includes rows for Certificate of Authorization & Deposit, Certificate of Valuation, UCAA Certificate of Deposit, and UCAA Certificate of Compliance.

* SECTION C: EFFECTIVE DATE REQUESTED FOR ABOVE: * (EXAMPLE: 12/31/2020 OR CURRENT)

SECTION D: CONTACT INFORMATION

Table with 2 columns: Field Name (CONTACT, COMPANY, ADDRESS, CITY, STATE, ZIP, PHONE, EMAIL FOR DELIVERY) and empty input field.

Section B Notes – Place a number 1 in the applicable (certificate wanted) box(s). Leave the box(s) blank if the particular certificate is not wanted.

Send the Certificate Request Form to tony.mccormack@difi.az.gov.

Send the check, made payable to the Arizona Department of Insurance and Financial Institutions, and a copy of the Certificate Request Form to:

Insurance Financial Affairs Division
Arizona Department of Insurance and Financial Institutions
100 N. 15th Ave., Suite 261
Phoenix, AZ 85007-2630

CERTIFICATE(S) WILL BE SENT BY EMAIL.

Questions, contact Tony McCormack at tony.mccormack@difi.az.gov or (602) 364-3245.