

CERTIFICATE OF INSURANCE REQUEST FORM

Today's Date: _____ Contact: _____

Named Insured: _____ Contact Phone: _____

Address: _____ Contact email: _____

City: _____ State: _____ Zip Code: _____

Send Certificate via (select all that apply) ☐ Email ☐ Fax ☐ US Postal Mail

Certificate Holder Information

Name: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax No.: _____

Frequency: ☐ One time only ☐ Issue Annually

Certificate Specifics

Coverage Type: (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Commercial Auto | <input type="checkbox"/> Workers' Compensation & Employer's Liability |
| <input type="checkbox"/> Excess/Umbrella | <input type="checkbox"/> Property | <input type="checkbox"/> Professional Liability |
| | | <input type="checkbox"/> Evidence of Insurance Only |

Remarks/Description of Operations:

Endorsements: (select all that apply)

- ☐ Additional Insured
- ☐ Primary Wording
- ☐ Loss Payee
- ☐ Waiver of Subrogation (select all that apply)
- ☐ General Liability Waiver
 - ☐ Commercial Auto Waiver
 - ☐ Workers' Compensation Waiver

Please be sure to send Insurance Requirements or Contract with this form so that we may issue timely.