

CERTIFICATE OF INSURANCE REQUEST FORM

REQUESTOR INFORMATION:

Company Name: _____

Requested by: _____

Date Needed: _____

CERTIFICATE HOLDER (ENTITY CERTIFICATE IS ISSUED TO):

Company Name: _____

Address: _____

City, State, Zip: _____

Attention: _____

Job Name: _____

Job No.: _____

1) **ARE ADDITIONAL INSUREDS REQUIRED BY CONTRACT?** [] YES [] NO

List Additional Insureds: _____

Additional Insured applies to General Liability [] YES [] NO

Additional Insured applies to Business Automobile Liability [] YES [] NO

2) **ARE ADDITIONAL INSUREDS TO APPLY ON A PRIMARY BASIS?**

[] YES [] NO

3) **IS WAIVER OF SUBROGATION REQUIRED?** [] YES [] NO

If Yes, in favor of: _____

With Respects to what coverages: _____

4) **CANCELLATION PROVISION CHANGES REQUIRED** [] YES [] NO

SPECIAL PROVISIONS: _____

SEND CERTIFICATE VIA:

[] Mail Original to Certificate Holder

[] Email Original to Certificate Holder

[] Fax and Mail Original to Certificate Holder (Fax #: _____)

[] Mail Company to requesting party