

Certificate of Insurance Request Form

It is important to include as much information as possible. We will review your request, contact you if further information is required, and then send the certificate of insurance to the appropriate party(s).

Select here if urgent.

Customer Information

Company Name: _____
 Phone: _____
 Fax: _____
 Email: _____

Insurance Coverage
 (check all that are to be included on the certificate)

General Liability: <input type="checkbox"/>	Workers' Compensation: <input type="checkbox"/>
Auto Liability: <input type="checkbox"/>	Inland Marine: <input type="checkbox"/>
Garage Liability: <input type="checkbox"/>	Other: <input type="checkbox"/>
Excess Liability: <input type="checkbox"/>	

Certificate Holder Information

Name: _____
 Attention: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Job Description: _____

Does the Certificate Holder need to be named as Additional Insured?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Certificate Holder need a Waiver of Subrogation?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mail the original certificate directly to Certificate Holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax the certificate to the Certificate Holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email the certificate to the Certificate Holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A copy will be faxed to you unless otherwise requested.		<input type="checkbox"/> No

*** Additional charges may apply**

Please fax back to (800) 920-4107

Please allow up to 48 hours to process. If urgent, please call your broker to expedite

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