



# Custom solutions for America's Business

## Certificate of Insurance Request Form

<b>Certificate Requested By</b>	Name:	Email:	
	Insured Name:		
<b>Issue Certificate To</b>	Certificate Holder:		Individual/Attention:
	Address:		
	City:	State:	Zip Code:
	Job Name/Contract No.:		
<b>Coverages</b>	<b>Include the Following Coverages:</b> <input type="checkbox"/> General Liability <input type="checkbox"/> Automobile Liability <input type="checkbox"/> Professional Liability <input type="checkbox"/> Property <input type="checkbox"/> Excess/Umbrella <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other		
<b>Additional Insured</b>	<b>List the Certificate Holder as Additional Insured on:</b> <input type="checkbox"/> General Liability <input type="checkbox"/> Automobile Liability Other (please specify):		
<b>Waiver of Subrogation</b>	<b>Include the Waiver of Subrogation Endorsement on (may require prior approval):</b> <input type="checkbox"/> General Liability <input type="checkbox"/> Workers' Compensation		
<b>Our Service Standards &amp; Procedures</b>	<b>Select One:</b> <input type="checkbox"/> Standard Service; Certificates mailed to certificate holder and your firm one working day after receipt by our office. <input type="checkbox"/> Other Service (Please describe requirements and "Need By" dates.):		