

Certificate Request Form

Date Requested: _____

Date Needed: _____

Customer No: _____

Phone: _____

From (company name): _____

Fax: _____

Individual Sending: _____

Email: _____

Certificate Holder: _____
Copy of insurance requirements enclosed? New Revised
Yes No

Certificate Holder: _____

Attn: _____

Phone: _____ Fax: _____

All Operations Specific Location and/or Project Name (include City/State)

Project/Location Description: _____

Coverage Required on Certificate: General Liability Auto Umbrella/Excess Workers Compensation
Property Inland Marine Professional Liability Other (specify): _____

Additional Insured(s) Required on: General Liability Auto None

Same as Certificate Holder? Yes No If different, specify below:

Primary & Noncontributory Wording Required on: General Liability Auto

*Waiver of Subrogation Required on: General Liability Auto Workers Compensation

Loss Payable Required on: Property Inland Marine Loan No: _____

Cancellation ("Endeavor to") Crossed Out? Yes No Notice of Cancellation: 10 Day 30 Day

***Waiver of Subrogation cannot be issued unless following questions are answered:**

- 1) Will requesting party waive subrogation rights against insured? Yes No
- 2) Does requestor provide direct supervision of the insured's employees? Yes No
- 3) Are employees and employees of requestor jointly performing the same tasks on the job? Yes No
- 4) Type of work you are doing? (Provide complete description of job/work being performed):

5) Your Payroll for Job: _____ 6) When will work begin and end? _____ to _____

7) Contract Amount: _____