NARVER INSURANCE

641 West Las Tunas Drive, San Gabriel, Ca. 91778-1509 – Lic #0555823
Tel. #: (626) 943-2200 / Fax #: (626) 299-1010 / Web: www.narver.com

Certificate Request Form

Date Requested: _____

Date Needed: _____

Customer No: _____ Phone: _____

From (company name): _____ Fax: _____

Individual Sending: _____ Email: _____

Certificate Holder: New Revised

Copy of insurance requirements enclosed? 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: _____

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