



Request for Certificate of Insurance

Date: _____
Insured's Name: _____
Email: _____
Requested by (your name): _____
Certificate Holder Name: _____
Certificate Holder Address: _____
City: _____ State: _____ Zip: _____

PROOF OF INSURANCE (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Excess Liability | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Other (describe) _____ | |

CERTIFICATE HOLDER IS A/AN:

- | | |
|---|---|
| <input type="checkbox"/> Landlord | <input type="checkbox"/> Project Related |
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Lender/Mortgagee |
| <input type="checkbox"/> Lessor | |
| <input type="checkbox"/> Other (describe) _____ | |

Description of Job/Auto/Location: _____

INSURANCE REQUIREMENTS: Additional Insured on General Liability (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Additional Insured on Liability | <input type="checkbox"/> Loss Payee on Automobile |
| <input type="checkbox"/> Mortgagee | <input type="checkbox"/> Loss Payee on Property |
| <input type="checkbox"/> Cancellation Clause – (#) _____ Day of Cancellation | |
| <input type="checkbox"/> Other (describe) _____ | |

MAILING INSTRUCTIONS:

- Regular Mail
- Fax to Certificate Holder at _____ - _____ - _____ Attn: _____
- Fax to Insured at _____ - _____ - _____ Attn: _____
- Email to Insured – Insured Email Address: _____
- Email to Certificate Holder – Certificate Holder Email Address: _____

Other Instructions: _____

If you have any questions, please contact your Private Client Insurance Services Client Executive, or any of our support team, at 239-481-1949 to assist you.