

**CERTIFICATE REQUEST FORM**

Your Business Name: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Time of Request: \_\_\_\_\_

**Certificate Holder Information (Person or Entity Requesting Certificate)**

Name of Certificate Holder: \_\_\_\_\_  
Attention: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Policies to be Shown on Certificate**

General Liability       Auto       Workers Compensation  
 Equipment Floater       Other: \_\_\_\_\_

**Type of Certificate Needed**

Proof of Insurance       Loss Payee       Other: \_\_\_\_\_  
 Additional Insured       Mortgagee

Required Wording:     Primary Wording     Waiver of Subrogation  
 Other Wording: \_\_\_\_\_  
Project Type:     Residential     Commercial  
Work to be performed: \_\_\_\_\_  
Job Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Job # \_\_\_\_\_ Value of Job: \$ \_\_\_\_\_  
Job Start Date: \_\_\_\_\_ Job End Date: \_\_\_\_\_  
Will you be sub-contracting out any work to others?     Yes     No  
If yes, please describe trades and \$ amount: \_\_\_\_\_

*If a copy of the contract is available, please attach.*

**\*Fax Back Toll Free to 1-800-591-1845\***