

Request for a Certificate of Insurance Form

1. What is the Certificate Holders name and address?
2. Does the Certificate Holder need to be named as an Additional Insured/Loss Payee?
3. If "yes" the Certificate Holder does need to be named as an Additional Insured/Loss Payee, what is the work you are performing for the "Holder"?
4. Does the Certificate Holder require any Additional Insured Endorsements and/or Waivers of Subrogation?
5. Please list any and all specific wording that is required by the Certificate Holder: *If they forwarded a request to you please attach behind this form*
6. Please fax this form and any other paper work that pertains to this certificate to 310-221-0966 or 310-221-0967 Attention: Leana. If you have any questions please feel free to contact Leana at 310-221-0917 extension: 232

******PLEASE ALLOW 24 HOURS FOR GENERAL CERTIFICATE AND 48 HOURS FOR A CERTIFICATE REQUIRING ENDORSEMENTS AND/OR WAIVERS******