

CERTIFICATE & ADDITIONAL INSURED REQUEST FORM

To: _____ From: _____
COMMERCIAL LINES DEPARTMENT/CERTIFICATES

Insured's Name: _____

Re: **CERTIFICATE OF INSURANCE**

Policy No.: _____ or Quote # _____ Date: _____

DO NOT CALL
FORWARD THIS FORM EVERY TIME YOU REQUEST A CERTIFICATE
 PLEASE BE SURE TO MARK THE APPROPRIATE BOX

Certificate Holder Only (no Charge) Additional Insured (charges apply)

CERTIFICATE HOLDERS NAME: _____

ADDRESS:
 (Please include street, city, state and zip code)

Street Address _____ (P.O. BOXES ARE NOT ACCEPTABLE FOR ADDITIONAL INSUREDS)
 Apt. # _____ Suite # _____ Room # _____ None

 City _____ State _____ Zip Code _____

IF YOU ARE REQUESTING THIS CERTIFICATE HOLDER TO BE LISTED AS AN ADDITIONAL INSURED COMPLETE THE BOTTOM PORTION OF THIS FORM AND RETURN

CARRIERS REQUIRE THIS INFORMATION BEFORE THEY WILL ALLOW THE ISSUANCE OF ANY CERTIFICATES WITH RESPECT TO ADDITIONAL INSUREDS.

**NO CERTS WILL BE ISSUED FOR ADDITIONAL INSURED'S UNLESS ACCOMPANIED BY THIS FULLY COMPLETED FORM
 ALL CHARGES FOR ADDITIONAL INSURED'S FOR EXCESS LINES POLICIES ARE FULLY EARNED -
 PLEASE CONTACT YOUR UNDERWRITER IF YOU NEED COST INFORMATION.**

1. What is the interest of the additional insured? (Managing Agent, Landlord, General Contractor, Sub-Contractor, or for Permit Purposes only, etc.)

2. What is the description of the job being performed by the insured?

3. What is the length of the job?

4. What dates are the job expected to be performed?

5. Location of job?

6. Cost of job?
