



Certificate of Insurance Request Form

Insured's Name: _____ Phone: _____

DBA: _____ Fax: _____

Email: _____

Types of Insurance to be on certificate (*Check all that apply*):

- General Liability
- Business Auto
- Professional Liability
- Other: _____
- Workers Compensation
- Umbrella/Excess Liability
- Liquor Liability

Special Coverage requested (*Check all that apply*):

- Additional Insured
- Per Project Aggregate
- Per Location Aggregate
- Other: _____
- Primary Basis
- Non-Contributory
- 30 Days Notification

**What services are you providing or what activities are involved?
(Give job number if applicable):**

Is there a specific event day or dates you are providing your services?

Is the Certificate Holder requesting any special wording on the certificate? If so:

Certificate Holder Information: (required information*)**

* Name _____

* Address _____

* City _____ * State _____ * Zip _____

* Fax _____ Phone _____

Email _____ Contact _____

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