

REQUEST FOR CERTIFICATES OF INSURANCE / AUTO ID CARDS

Account Name _____

Requestor Name _____ Requestor Telephone _____ Required By Date / Time _____

Account Number _____ This Request has _____ additional pages.

AUTO ID CARDS:

List States: _____
 _____ Fleet Wording or _____ Vehicle Specific Cards *(Provide year / make / model / ID #, attach list if necessary)*

CERTIFICATES OF INSURANCE:

Revision to Cert ID #: _____

Named Insured and Insured Address to show on Certificate: _____

Certificate Holder: _____

Address 1: _____

Address 2: _____

City, State Zip _____

Attention: _____

Description: *(i.e. all operations; project name & end date, year / make / model / VIN; location; equipment description, etc. Attach copies of insurance requirements received from cert holder / requestor.)* _____

POLICY #:	REQUIRED COVERAGES:	LIMITS/COMMENTS
	<input type="checkbox"/> General Liability	
	<input type="checkbox"/> Workers Compensation	
	<input type="checkbox"/> Umbrella <i>(provide requested limit)</i>	
	<input type="checkbox"/> Automobile Liability <i>(provide description above)</i>	
	<input type="checkbox"/> Auto Physical Damage <i>(provide description above)</i>	
	<input type="checkbox"/> Property/Contents <i>(provide description above)</i>	
	<input type="checkbox"/> Equipment <i>(provide description above)</i>	
	<input type="checkbox"/> Other:	

Additional Terms & Conditions:

- Additional Insured (GL / Auto / Other _____)
- Loss Payee / Mortgagee / Lenders Loss Payee
- Primary/ Non-Contributory
- Waiver of Subrogation (GL/ Auto/ WC)
- Cancellation:
- Other:

Other Instructions: _____

Additional Insured / Loss Payee: _____
(if other than Cert Holder or additional wording is required, fill in here or attach)

Handling Instructions : *(If not specified below, Certificate will be mailed to Cert Holder and Insured.)*

Email to Cert Holder at _____ Fax to Cert Holder at _____

Email to Cert Requestor at _____ Other _____