

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 (provide requested limit)	
	<input type="checkbox"/> Automobile Liability (provide description above)	
	<input type="checkbox"/> Auto Physical Damage (provide description above)	
	<input type="checkbox"/> Property/Contents (provide description above)	
	<input type="checkbox"/> Equipment (provide description above)	
	<input type="checkbox"/> Other:	

Additional Terms & Conditions:	<input type="checkbox"/> Additional Insured (<input type="checkbox"/> GL / <input type="checkbox"/> Auto / <input type="checkbox"/> Other _____)
	<input type="checkbox"/> Loss Payee / <input type="checkbox"/> Mortgagee / <input type="checkbox"/> Lenders Loss Payee
	<input type="checkbox"/> Primary/ <input type="checkbox"/> Non-Contributory
	<input type="checkbox"/> Waiver of Subrogation (<input type="checkbox"/> GL/ <input type="checkbox"/> Auto/ <input type="checkbox"/> WC)
	<input type="checkbox"/> Cancellation:
	<input type="checkbox"/> 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 _____