



Request for Certificate of Insurance

Insured Information			
Insured		Phone #	
Contact Name		Email or Fax #	
Certificate Holder Information			
Name			
Address			
Contact			
Additional Insured Information			
Is the certificate holder requesting <input type="checkbox"/> Additional insured status? <input type="checkbox"/> Proof of insurance only? (Skip next box)			
Why is the certificate holder requesting additional insured status? They are:			
<input type="checkbox"/> the site owner <input type="checkbox"/> a municipality <input type="checkbox"/> a vendor <input type="checkbox"/> the lessor of equipment/personal property <input type="checkbox"/> other (explain) <input type="checkbox"/> other (explain) _____			
Name of additional insured(s) if other than the certificate holder:			
Description/Reason for Certificate			
Event Name		Event Date(s)	
Event Location-City & State			
Other Description or Reference			
Distribution of the Certificate			
Send the original to: (choose one)	<input type="checkbox"/> Certificate Holder <input type="checkbox"/> Insured(s) <input type="checkbox"/> Other	<input type="checkbox"/> by mail or <input type="checkbox"/> by fax (number: _____) <input type="checkbox"/> by mail or <input type="checkbox"/> by fax (number: _____) <input type="checkbox"/> by mail (_____) OR <input type="checkbox"/> by fax (number: _____)	
Send copy to: (choose all that applies)	<input type="checkbox"/> Certificate Holder <input type="checkbox"/> Insured(s) <input type="checkbox"/> Other	<input type="checkbox"/> by mail or <input type="checkbox"/> by fax (number: _____) <input type="checkbox"/> by mail or <input type="checkbox"/> by fax (number: _____) <input type="checkbox"/> by mail (_____) OR <input type="checkbox"/> by fax (number: _____)	
Office Use Only	<input type="checkbox"/> Insurance Company Name of Company: _____ <input type="checkbox"/> by mail or <input type="checkbox"/> by fax (number: _____)		
Please issue this certificate (choose one)	<input type="checkbox"/> One time only	<input type="checkbox"/> Annually	<input type="checkbox"/> Annually until _____
Other Information			
Remarks or other instructions			
Date Needed		Today's Date	