

REQUEST FOR CERTIFICATES OF INSURANCE / AUTO ID CARDS

Account Name	Date/Time
Requestor Name	Requestor Telephone
Account Number	Required by
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:	<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