



## Certificate and Evidence of Insurance Request

Please answer completely, call us with your questions, fax to us at (480) 664-8275

*For the highest accuracy, please fax a copy of the request to our office, often there is special wording and/or special requirements.*

We will mail, email or fax Certificates of Insurance to the Holder, we keep a computer file of all of your certificates, we'll send you a copy only if you request. Each year 90 days before policy renewal, we will mail a master certificate holder list to you.

Please provide a certificate of insurance for policy number: \_\_\_\_\_

Your Policy Name/Your Company Name: \_\_\_\_\_

Please Provide a Certificate of Insurance for:

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

FAX \_\_\_\_\_ E Mail (preferred) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Is this Certificate Holder requesting to be an Additional Insured: Yes / No

If Additional Insured: Please provide us a copy of the "Insurance Requirements" from the contract, we prefer a copy to insure accuracy and expedite your certificate.

Waiver of Subrogation: if waiver of subrogation is required, provide description of work, START and STOP dates, and the AMOUNT of Payroll for this job only.

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ Amt. of Payroll for this Job\$ \_\_\_\_\_

Description of job \_\_\_\_\_

Job Name: \_\_\_\_\_

Legal Cancellation Notice (circle)      10 Days      30 Days

Fax / Email / or Mail (indicate) to Certificate Holder: Fax Number: \_\_\_\_\_

Fax / Email / or Mail (indicate) to your Company: Fax Number: \_\_\_\_\_