



## ***Certificate of Insurance Request Form***

Date of Request: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

### ***Insured Information:***

Insured Name: \_\_\_\_\_

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

Fax#: \_\_\_\_\_ Phone #: \_\_\_\_\_

### ***Certificate Holder Information:***

Certificate Holder: \_\_\_\_\_

Certificate Address: \_\_\_\_\_

Job Name & Number: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the Certificate Holder a Loss Payee  Yes or  No, if yes please fill out the below Equipment Information.

### ***Equipment Information:***

Type of Equipment Make & Serial # (if available): \_\_\_\_\_

Value of Equipment: \$ \_\_\_\_\_ Lease or Agreement #: \_\_\_\_\_

Have you entered into any signed agreement or contract with the Certificate Holder?  Yes  No

Additional Insured Requested:  Yes  No

➤ If yes, please provide a copy of the contract with the insurance provisions so that we may review it. Without a contract, we cannot add the Additional Insured or any other special wording to the certificate of Insurance.

➤ Carrier may charge a nominal fee

### ***Certificate Distribution Instruction:***

#### **Certificate Holder:**

Mail original

Email copy

Fax copy

#### **Insureds Copy:**

Email Copy

Fax Copy

Do not need a Copy

### ***Please Complete and Return to:***

#### **Certificate Information:**

Early, Cassidy & Schilling, Inc

15200 Omega Drive, Suite 100, Rockville, MD 20850

9 IL 0011 > 1001 > AXI < 11 00 25 30

**Please allow at least 24 Hours to process this request.**