

**HUNTINGTON T. BLOCK  
INSURANCE AGENCY**

Please direct Certificate Requests to: [anne\\_rappa@asg.aon.com](mailto:anne_rappa@asg.aon.com)  
 With carbon copy to: [alisa\\_gross@asg.aon.com](mailto:alisa_gross@asg.aon.com)  
[John.lawless@fmglobal.com](mailto:John.lawless@fmglobal.com)

**CERTIFICATE OF INSURANCE  
REQUEST FORM**

REQUESTED BY	COMPANY	TELE: FAX:	DATE
ACCOUNT NAME Commonwealth of Virginia			POLICY No. LP823
LOAN PERIOD/CERTIFICATE PERIOD:		LOAN AMOUNT/LIMIT OF LIABILITY:	NAME OF EXHIBITION, IF RELATED TO SHORT TERM EXHIBITION:
CERTIFICATE TYPE (SELECT ONE) <input type="checkbox"/> General Certificate of Insurance <input type="checkbox"/> Loss Payee (Please indicate relationship) _____ <input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation (Please indicate relationship) _____			
CERTIFICATE HOLDER			
ADDRESS (Do NOT USE P.O. Box)		CITY	St/PROV ZIP
OBJECTS TO BE INSURED (PLEASE PROVIDE OBJECT IDENTIFICATION INCLUDING VALUE):			
MAILING INSTRUCTIONS <input type="checkbox"/> PER CORPORATE MAILING INSTRUCTIONS, OR <input type="checkbox"/> PER CORPORATE MAILING INSTRUCTIONS AND AS INDICATED BELOW: <input type="checkbox"/> Use Certificate Holder address above <input type="checkbox"/> Fax No:                      Attn:                      At:			
Mailing Address:			
ADDITIONAL INSTRUCTIONS			