

# REQUEST FOR CERTIFICATES OF INSURANCE / AUTO ID CARDS



Requestor Name  Requestor Telephone  Required By Date / Time

IBS Account Number  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:

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 #s:	REQUIRED COVERAGES:	LIMITS/COMMENTS
<input type="text"/>	<input type="checkbox"/> General Liability	
<input type="text"/>	<input type="checkbox"/> Workers Compensation	
<input type="text"/>	<input type="checkbox"/> Umbrella (provide requested limit)	\$
<input type="text"/>	<input type="checkbox"/> Automobile Liability (provide description above)	
<input type="text"/>	<input type="checkbox"/> Auto Physical Damage (provide description above)	
<input type="text"/>	<input type="checkbox"/> Property/Contents (provide description above)	
<input type="text"/>	<input type="checkbox"/> Equipment (provide description above)	
<input type="text"/>	<input type="checkbox"/> Other: _____	

Additional Terms & Conditions:	Options
<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

CERT CENTER: [certificates@willis.com](mailto:certificates@willis.com) Fax: 1-888-467-2378 Telephone: 1-877-945-7378 (1-877-WIL-SERV)

Hours of Operation: 7AM – 8 PM CST