

CERTIFICATE OF INSURANCE REQUEST FORM

(Please complete and submit when you are required to provide evidence of coverage.)



DATE: _____ POLICY NUMBER: _____

TO: BROWN & BROWN PROGRAM INSURANCE SERVICES, INC.
DBA: CITA INSURANCE SERVICES
LIFE@CITAINSURANCE.COM
FAX: 714-978-2692

FROM: _____
POLICYHOLDER NAME (INSURED) E-MAIL ADDRESS OR FAX

CONTACT NAME PHONE NUMBER

PLEASE ISSUE A CERTIFICATE OF INSURANCE TO:

Certificate Holder Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

IS EVIDENCE OF INSURANCE REQUIRED FOR A SPECIFIC INDIVIDUAL? YES NO

If yes, please provide the name of the individual: _____

Please check one as it applies to this individual:

- Owner/Principal/Partner of Policyholder
- Independent Contractor under contract and writing business exclusively on behalf of the Policyholder*
- Independent Contractor under contract but NOT writing business exclusively on behalf the Policyholder*
- Employee of Policyholder
- Other (explain): _____

If Certificate is for the Kentucky Office of Insurance, provide applicable SSN/FEIN: _____

***NOTE: INDEPENDENT P&C AGENTS E&O POLICY DOES COVER NON-EXCLUSIVE INDEPENDENT CONTRACTORS WHO HAVE A WRITTEN AGREEMENT IN EFFECT WITH YOUR AGENCY. INDEPENDENT LIFE AGENTS E&O POLICY DOES NOT COVER NON-EXCLUSIVE INDEPENDENT CONTRACTORS. COVERAGE MAY BE AVAILABLE FOR NON-EXCLUSIVE INDEPENDENT CONTRACTORS OF A WHOLESALE LIFE BROKERAGE. HOWEVER, COVERAGE MUST BE SPECIFICALLY ENDORSED UNDER THE POLICY TO BE APPLICABLE AND ANY COVERAGE IS THEN SUBJECT TO ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THE POLICY.**

PLEASE RETURN THE COMPLETED FORM TO:
BROWN & BROWN PROGRAM INSURANCE SERVICES, INC.
DBA: CITA INSURANCE SERVICES
e-mail: life@citainsurance.com
FAX: (714) 978-2692 / PHONE: (800) 280-7250