



## CERTIFICATE REQUEST FORM

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

Fax #: (619) 462-4536 Phone #: (619) 460-1240 ext. \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Certificate Holder's Name (your customer) & Address (must be included):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of each Additional Insured(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHECK APPLICABLE POLICY FOR THE CERTIFICATE

General Liability    Umbrella    Property    Worker's Comp.    Auto

### ENDORSEMENT FORM (s)

Additional Insured    Primary Wording    Waiver of Subrogation    X-Out Cancellation

**\*PLEASE ATTACH A COPY OF THE CONTRACT "INSURANCE REQUIREMENTS".**

Is this job part of an OCIP ("Wrap") program?    No    Yes

Project Name: \_\_\_\_\_

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

Description of Work: \_\_\_\_\_

Special Information: \_\_\_\_\_

Fax Certificate To: \_\_\_\_\_ Fax #: \_\_\_\_\_