



Certificate and Evidence of Insurance Request

Please answer completely , call us with your questions, fax to us at (480) 664-8275

For the highest accuracy, please fax a copy of the request to our office, often there is special wording and/or special requirements.

We will mail, email or fax Certificates of Insurance to the Holder, we keep a computer file of all of your certificates, we'll mail you a copy only if you request. Each year 90 days before policy renewal, we will mail a master certificate holder list to you.

Please provide a certificate of insurance for policy number: _____

Your Policy Name/Your Company Name: _____

Please Provide a Certificate of Insurance for:

Company Name: _____

Attention: _____

FAX _____ E Mail (preferred) _____

Mailing Address: _____

City, State Zip: _____

Is this Certificate Holder requesting to be an Additional Insured: Yes / No

If Additional Insured: Please provide us a copy of the "Insurance Requirement" from the contract, we prefer a copy to insure accuracy and expedite your certificate.

Waiver of Subrogation: if waiver of subrogation is required, provide description of work, START and STOP dates, and the AMOUNT of Payroll for this job only.

Start Date _____ Stop Date _____ Amt. of Payroll for this Job\$ _____

Description of job _____

Job Name: _____

Legal Cancellation Notice (circle) 10 Days 30 Days

Fax / Email / or Mail (indicate) Certificate to Holder: Fax Number: _____

email address of holder: _____