

CERTIFICATE REQUEST FORM

Insured: _____

Date: _____ Contact: _____

FOLLOWING MUST BE COMPLETED

Holder: _____

Address: _____

Attention: _____

Mail Fax _____ E-Mail _____

SPECIAL REQUIREMENTS

- Hold Harmless (**Must attach copy of contract**)
- Mortgagee/Loss Payee Lessor
- Condo/unit owner Reason for Certificate: _____

FOR ADDITIONAL INSURED/HOLD HARMLESS

Please check which policy(ies) the holder REQUESTS additional insured status *This may reduce the limits of liability available to you.*

Please note additional insureds, hold harmless clause or any special wording must be approved by the insurance company. There may be a premium charge and prior to approval they may require a copy of the contract.

- General Liability Auto Liability
- Other (name policy) _____
- Physical Damage (*complete vehicle information including value must be provided for each*)

Vehicle Description

Year _____ Make _____

Model _____ Stated Amt \$ _____

VIN # _____ Cost New \$ _____

Rental Vehicle/Equipment Permanent Substitute Term

Date taken _____ Date returned (if known) _____

Insured's Signature _____

CERTIFICATES OF INSURANCE ARE ONLY VALID WHEN ISSUED BY AGENT.

By failing to review, sign and return the certificate request form; the client, or any third party acting on behalf of the client agrees that AssuredPartners/The Insurance Centers will be held completely harmless for any errors or omissions that may be contained on the Certificate of Insurance including all policy changes which either change, void or reduce coverage for the client.