

# Certificate of Insurance Request Form



Named Insured: \_\_\_\_\_

**Certificate Holder Information:**

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

Attn: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**Who should we send the certificate to? (Check all that apply):**

- |   |              |  |               |
|---|--------------|--|---------------|
| <input type="checkbox"/> Fax to certificate holder: | Fax #: _____ | <input type="checkbox"/> E-mail to certificate holder: | E-mail: _____ |
| <input type="checkbox"/> Please fax me a copy:      | Fax #: _____ | <input type="checkbox"/> Please e-mail me a copy:      | E-mail: _____ |

**Insurance Requirements (if applicable):**

*Please provide a copy of the contract requirements or original request from the certificate holder.*

Special Conditions and/or Instructions (i.e. additional insured wording, waiver of subrogation, loss payee, etc.):

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

**Project Specific Information (if applicable):**

*Please include the following information if the certificate is project specific:*

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

Project Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Payroll/Contract Amount: \$ \_\_\_\_\_

**Other Specific Information (if applicable):**

*Please include the following information if the certificate is needed for equipment, a vehicle or a specific location:*

Equipment Description: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_

Location: \_\_\_\_\_

\*Please note that you may now e-mail a certificate request to [certificates@vizance.com](mailto:certificates@vizance.com)