



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@rcinsure.com