

CERTIFICATE OF INSURANCE REQUEST FORM

Effective Date of request: _____

Insured Information

Name: _____

Address: _____

City, State, Zipcode: _____

Phone #:

Certificate Holder Information

Name: _____

Address: _____

Contact: _____

Fax or Email: _____

Job Description and Job Dates: _____

Please check next to the type of Certificate of Insurance required .

Attach Contract if available.

Liability ____ Additional Insured ____ Waiver _____

Auto ____ Additional Insured ____ Waiver _____

Workers Comp ____ Waiver ____

Please fax this form to (559) 298-4036 Thank you.

Note: We cannot add the 30 day notice of cancellation if requested in contract. Notice of cancellation is a policy right, not an unregulated service. For example, the insured can cancel immediately, so it would be impossible for the insurance company to give a 30-day notice. State law grants the insurance companies the right to cancel for nonpayment with 10 days notice.