



## **Request Form for Certificate of Insurance**

### **REQUESTOR INFORMATION:**

Date of Request: \_\_\_\_\_ Date Certificate Needed: \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **CERTIFICATE TO BE ISSUED TO:**

Certificate Holder Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

### **IS THE CERTIFICATE HOLDER REQUESTING TO BE LISTED AS:**

(We recommend confirming the certificate holder is requiring one of the following –  
this is generally not a requirement and in some cases a charge may be involved)

\_\_\_ Additional Insured \_\_\_ Loss Payee \_\_\_ Lienholder \_\_\_ Mortgagee  
\_\_\_ Proof of Insurance (*no special requirements requested*)

**DESCRIPTION OF EVENT/JOB/ACTIVITY:** \_\_\_\_\_

(include start/end dates + job #) \_\_\_\_\_

**Attach a copy of the agreement or contract and fax or e-mail along with this page to:**

[tabatha@barrettinsuranceak.com](mailto:tabatha@barrettinsuranceak.com) or [jessica@barrettinsuranceak.com](mailto:jessica@barrettinsuranceak.com)

or Fax: 907-373-5248