



Certificate of Insurance Request

Insured Name: _____

Contact Person: _____

Contact Phone: _____

Contact Fax: _____

Date Requested: _____

Certificate Holder or Additional Insured Name & Address. Include Phone, Fax and/or e-mail:

Coverage:	Liability	Umbrella / Excess
	Property	Workers Compensation
	Auto	

Additional Insured Endorsement Requested: Yes No

Primary Insurance Wording: Yes No

Waiver of Subrogation Requested: Yes No

Certificate as Proof Of Coverage Only Yes No

Specific Project, Job or Event information is required, or attach contract:

Job Name: _____ Job Location: _____

Work Performed: _____ Start & End Date: _____

Payroll for Job: _____ Cost of Job: _____

If any Special Wording is required please attach contract or actual wording.

How you would like the Certificate sent:

Email: _____

Fax: _____

Mail (Originals will be mailed to all parties)

Fax requests to: (951) 297-9739 E-mail request to: info@oldharborins.com