



**Please FAX this form to our Certificate Department @ (916) 367-4334**

Correctly completed certificate requests will be processed within 2 Business Days.

\*Endorsements and/or Special Wording may require additional processing time and/or fee.

<b>DATE:</b> _____ <b>POLICY:#</b> _____
<b>NAME OF INSURED:</b> _____ <b>AGENT:</b> _____
<b>ADDRESS:</b> _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
<b>PHONE #:</b> _____ <b>FAX #:</b> _____
<b>EMAIL:</b> _____
<b>1. CERTIFICATE HOLDER:</b> _____
<b>ADDRESS:</b> _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
<b>FAX or EMAIL:</b> _____
<b>*ADDITIONAL INSURED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>WORKER'S COMP:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Job Location</b> (if "various locations" – list city(s) or county(s)) _____
_____
<b>Job Description</b> (remodel vs. new, comm. vs. res., work being done) _____
_____
<b>2. CERTIFICATE HOLDER:</b> _____
<b>ADDRESS:</b> _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
<b>FAX or EMAIL:</b> _____
<b>*ADDITIONAL INSURED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>WORKER'S COMP:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Job Location</b> (if "various locations" – list city(s) or county(s)) _____
_____
<b>Job Description</b> (remodel vs. new, comm. vs. res., work being done) _____
_____

If you should have any questions regarding the certificate or endorsement process, please contact our representative: Greyson Anderson in our Certificate Department @ (800) 750-2663, ext. 311.