CERTIFICATE OF INSURANCE REQUEST FORM

Email this request with copies of any contract insurance specifications to [**certificates@sanderjacobs.com**](mailto:certificates@sanderjacobs.com?subject=Request%20for%20Certificate%20of%20Insurance) or fax to **(707) 253-8255**.

When coverage is verified, a certificate will be issued to the holder and a copy sent to you. Requests are acknowledged within one business day.

**Policy Holder Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAMED INSURED** |  |  | **DATE OF REQUEST** |  |
|  |  |  | **DATE NEEDED** |  |
| **PHONE** |  |  | **CHECK HERE IF URGENT** |  |
| **EMAIL** |  |  |

|  |  |
| --- | --- |
| **Certificate Holder Information** | **Main Contact Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CERT. HOLDER NAME** |  | **NAME** |  |
| **MAILING ADDRESS** |  | **PHONE** |  |
| **CITY/STATE/ZIP** |  | **FAX** |  |
|  |  | **EMAIL** |  |

|  |  |
| --- | --- |
| **JOB/EVENT/DESC.** |  |
| **JOB/EVENT DATE** |  |
| **LOCATION/DESC.** |  |
| **STORAGE/PREMISE** |  |
| **LOAN #** |  |
| **NOTES** |  |
|  |
|  |

**Coverage Needed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | **GENERAL LIABILITY** | ☐ | ADDITIONAL INSURED \* | ☐ | WAIVER OF SUBROGATION \* | ☐ | PRIMARY WORDING \* |
| ☐ | **WORKER’S COMP.** | ☐ | WAIVER OF SUBROGATION \* |  |  |  |  |
| ☐ | **AUTO LIABILITY** | ☐ | ADDITIONAL INSURED \* | ☐ | WAIVER OF SUBROGATION \* |  |  |
| ☐ | **UMBRELLA/EXCESS** |  |  |  |  |  |  |
| ☐ | **PROPERTY** | ☐ | MORTGAGEE \* | ☐ | LOSS PAYEE \* | ☐ | LENDER’S LOSS PAYABLE \* |
| ☐ | **EVIDENCE ONLY** |  |  |  |  |  |  |
| ☐ | **OTHER REQUESTS** |  | | | | | |
|  |  |

*\* additional premium costs may apply*