

Certificate of Insurance Request Form

Please return request to:

Fax 707-554-2198
Email: VIA@vallejoinsurance.com

Insured's Name: _____ Phone (____) ____ - ____

d/b/a: _____ Fax (____) ____ - ____

Email: _____@_____

Types of Insurance to be on certificate (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Business Auto | <input type="checkbox"/> Umbrella/Excess Liability |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Liquor Liability |
| <input type="checkbox"/> Other: _____ | |

Special coverages requested (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Primary Basis |
| <input type="checkbox"/> Per Project Aggregate | <input type="checkbox"/> Non-Contributory |
| <input type="checkbox"/> Per Location Aggregate | <input type="checkbox"/> 30 Days Notification |
| <input type="checkbox"/> Other: _____ | |

What services are you providing or what activities are involved? (Give job number if applicable):

Is there a specific event day or dates you are providing your services? _____

Is the Certificate Holder requesting any special wording on the certificate? If yes:

Certificate Holder Information: (* required information):

*Name _____

*Address _____

*City _____ *State _____ *ZIP _____ - _____

*Fax (____) ____ - ____ Phone (____) ____ - ____

*Email _____@_____ Contact: _____