



CERTIFICATE REQUEST FORM

Date: _____

Named Insured: _____

Policy Number: _____ Requested By: _____

Your Phone Number For Questions: _____

Certificate Holder: _____

Mailing Address: _____

Send To The Attention Of : _____

Should The Certificate Holder Be Named As An Additional Insured? Yes No

PLEASE CHECK IF THIS IS THE PROJECT OWNER GENERAL CONTRACTOR

Should Any Other Entities Be Listed As An Additional Insured? Yes No

Please Show Their Interest:

PLEASE NOTE THAT YOUR SUBCONTRACTORS CANNOT BE LISTED AS AN ADDITIONAL INSURED

Project Location & Description:

Start Date: _____ Completion Date: _____ Total Contract Amount: _____

We will **NOT** show the above information on the Certificate **Unless** The Certificate Holder requires the same. **The Certificate Will Read:**

“All Projects Done During The Captioned Policy Term”

This will save you from requesting a Certificate for various projects for the same Certificate Holder.

Do You Need The Certificate Project Information Shown? Yes No

We will email certificates to you and your certificate holder. Originals will be mailed **ONLY** upon request.

Your email: _____

Cert Holder: _____

Special Instructions:

Fax to 708-598-6686 or Email requests to all shown below:

Karen

Peggy

Linda

KOconnell@bisa-inc.com

PKing@bisa-inc.com

LBurch@bisa-inc.com