

## **Request for Certificate of Insurance**

REQUEST BY:			_ EMAIL:				
CERTIFICATE REQUIRED BY	: (Certificate Holder's Na	ame):					
NAME:							
ADDRESS:							
CITY:		STATE:			ZIP:		
ATTN:							
EMAIL:			FAX:				
REFERENCE:							
CERTIFICATE HOLDER TO	BE NAMED <b>ADDIT</b>	IONAL IN	NSURED:	YES		NO [	
(Extra names to be included):							
IS CERTIFICATE HOLDER A I	LOSS PAYEE OR A LA	ANDLORD	?	es [	] No		
IS CERTIFICATE HOLDER A I				_	_	<b>REME</b> N	NTS
PLEASE ATTACH	A COPY OF CON	NTRACT	TINSUR	PANCE	REQUI		
		NTRACT ADD'L I	TINSUR NSURED	ANCE WAIV SUBROO	REQUI ER OF GATION	<u>PRIM</u> WORI	ARY DING
PLEASE ATTACH	A COPY OF CON	NTRACT ADD'L I Yes	TINSUR NSURED No	WAIV SUBROO Yes	REQUI ER OF	PRIM WORI Yes	ARY DING No
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability	A COPY OF CON  LIMIT NEEDED  \$	ADD'L I Yes N/A	NSURED NO N/A	ANCE WAIV SUBROO	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability	A COPY OF CON LIMIT NEEDED  \$ \$	ADD'L I  Yes  N/A	TINSUR NSURED No	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes	ARY DING No
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability Automobile Liability	A COPY OF CONLIMIT NEEDED  \$ \$ \$ \$ \$	ADD'L I Yes N/A	NSURED NO N/A	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability Automobile Liability Workers Compensation	A COPY OF CONLIMIT NEEDED  \$ \$ \$ \$ \$ \$ \$ \$	ADD'L I  Yes  N/A	NSURED NO N/A	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability Automobile Liability Workers Compensation Umbrella	A COPY OF CON LIMIT NEEDED  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ADD'L I Yes N/A	NSURED NO N/A	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability Automobile Liability Workers Compensation Umbrella Excess Liability	A COPY OF CONLIMIT NEEDED  \$ \$ \$ \$ \$ \$ \$ \$	ADD'L I Yes N/A	NSURED NO N/A	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability Automobile Liability Workers Compensation Umbrella	A COPY OF CON LIMIT NEEDED  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ADD'L I Yes N/A	NSURED NO N/A	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A
PLEASE ATTACH  INSURANCE REQUIRED  Professional Liability General Liability Automobile Liability Workers Compensation Umbrella Excess Liability	LIMIT NEEDED  \$ \$ \$ \$ \$ \$	ADD'L I Yes N/A	NSURED NO N/A	WAIV SUBROO Yes	REQUI ER OF GATION	PRIM WORI Yes N/A	ARY DING No N/A

~ Fax: (714) 731-7750 ~

E-mail: tina@cornerstonespecialty.com or aimee@cornerstonespecialty.com NO COVER SHEET NECESSARY