



Fax: 317-524-1554 or Email: denisef@thegeorgeagency.com

Certificate of Insurance Request Form

This Certificate of Insurance Request Form is for existing clients of our agency who hold Commercial policies. Please provide as much information possible to receive an accurate certificate. This information will be kept strictly confidential and will be used for these purposes only. Certificate Requests will be sent within 24 hours unless special wording needs to be confirmed with your insurance carrier.

Today's Date	
Contact Name	
Insured	
Address	
Phone Number	
Email	

Certificate Recipient Information

Certificate Holder Name	
Attention	
Address	
Job Reference	

How would you like to receive the Certificate?

Fax	
Email	

Certificate Information

Policies to Reference

<input type="checkbox"/>	Auto
<input type="checkbox"/>	General Liability
<input type="checkbox"/>	Builders Risk
<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Professional Liability
<input type="checkbox"/>	Umbrella
<input type="checkbox"/>	Workers' Comp

*Unless you specify differently, Auto, General Liability and Workers' Comp will be the only policies indicated on Certificate (when applicable)

Additional Insured

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If YES, Specify which policies and give details below:

Waiver of Subrogation

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If YES, Specify which policies and give details below:

Special Instructions: Please enter any special instructions you feel appropriate for this certificate below:
