

## CERTIFICATE OF INSURANCE REQUEST FORM

Fax Completed Request to 614-573-7294 or email to [matthew.davis@epicbrokers.com](mailto:matthew.davis@epicbrokers.com)

Date: \_\_\_\_\_

Insured (your company name): \_\_\_\_\_

**\*\*Please attach, if applicable, the certificate requirements provided to you by the certificate holder\*\***

Certificate Holder (who is the certificate for): \_\_\_\_\_

Certificate holder's Address: \_\_\_\_\_

Certificate holder's interest (check one/all that apply):

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Evidence of coverage only | <input type="checkbox"/> Loss Payee |
| <input type="checkbox"/> Additional Insured        | <input type="checkbox"/> Landlord   |

If Additional Insured/Loss Payee: who is to be listed as Additional Insured/Loss Payee:

If Loss Payee please provide description and value of vehicle or equipment:

Vehicle/Equipment: Year/Make/Model: \_\_\_\_\_

Vehicle/Equipment: Serial or VIN (17 digits): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Coverages Requested (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Equipment Floater  |
| <input type="checkbox"/> Work Comp         | <input type="checkbox"/> Property           |
| <input type="checkbox"/> Auto Liability    | <input type="checkbox"/> Umbrella Liability |

Does the certificate holder need a Waiver of Subrogation: Check which one is requested.

- |   |
|---|
| <input type="checkbox"/> General Liability                            |
| <input type="checkbox"/> Auto Liability                               |
| <input type="checkbox"/> Workers Compensation (premium applies to WC) |

Re: Job Description/Number if applicable and or Event/date:

Email or Fax to send the certificate to the holder: (certificate will automatically be faxed or emailed to you for your records)