

ISU / The F & I Agency
REQUEST FOR CERTIFICATE OF INSURANCE

INSURED (YOUR) INFORMATION:

Date of Request: _____

Your Company Name: _____

Name & Signature of Person Requesting Certificate: _____

Telephone Number: _____

Fax Number: _____ Do you want certificate faxed to you? **YES / NO**

CERTIFICATE HOLDER INFORMATION:

Certificate Holder Name: _____

Certificate Holder Address: _____

Attention: _____

Fax Number: _____ Do you want certificate faxed to cert holder? **YES / NO**

Job Location: _____

Details of work to be performed: _____

Is this job for Condos? **YES / NO** Townhomes? **YES / NO** Apartments? **YES / NO** Timeshares? **YES / NO** Tract Homes? **YES / NO**

Is this job covered under a WRAP / OCIP? **YES / NO** Liability? **YES / NO** Workers Comp? **YES / NO** Auto? **YES / NO**

Is certificate holder requesting to be named as an additional insured? **YES / NO** Primary Wording? **YES / NO** X'd-out Wording? **YES / NO**

Waiver of Sugrogation? **YES / NO – GL / WC** If needed for Workers Comp, estimated payroll for job: _____

Job contract amount/Date of Contract (approximate): _____

Special Requirements: *Please attach any requirements received from the certificate holder.* _____

Type of certificate requested:

Liability _____ Workers Comp _____ Umbrella / Excess _____

Property _____ Commercial Auto _____ Other _____

Please complete and send this request to:

ISU/THE F & I AGENCY

Fax: 805-497-7870 Phone: 805-496-6555

CERTIFICATES CANNOT BE ISSUED UNLESS ALL INFORMATION IS COMPLETE & ACCURATE

THANK YOU!