

Certificate of Insurance Request Form

Email Request - info@govtechinsurance.com

Client: _____ Date: _____
Contact: _____ Office Phone: _____ Fax #: _____
Total # of Pages: _____ Email Address: _____

PLEASE ISSUE CERTIFICATE OF INSURANCE TO:

Certificate Holder: _____
Attention: _____
Street: _____
City/State: _____ Zip: _____
Office #: _____ Fax #: _____
Email Address of Holder: _____

Please check one of the following:*

Additional Insured Loss Payee Mortgagee Lienholder

Do you require a waiver of subrogation? YES NO

Please select one of the following: General Liability Worker Compensation

***If you have checked one of the choices above, please provide a complete description with supportive documentation with regard to: Location Address, Loan #, Auto Info, Equipment Item(s), Lease#. Event, Contract details including the "scope of work" for underwriting review and approval. *This documentation is required to complete the certificate request.**

Please allow 48 hours for review, approval and/or completion of your certificate request.
Thank you for your cooperation.