



**CERTIFICATE REQUEST FORM**

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

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Requested By: \_\_\_\_\_

Your Phone Number For Questions: \_\_\_\_\_

Certificate Holder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Send To The Attention Of : \_\_\_\_\_

Should The Certificate Holder Be Named As An Additional Insured?  Yes  No

PLEASE CHECK IF THIS IS THE PROJECT OWNER  GENERAL CONTRACTOR

Should Any Other Entities Be Listed As An Additional Insured?  Yes  No

Please Show Their Interest:

PLEASE NOTE THAT YOUR SUBCONTRACTORS CANNOT BE LISTED AS AN ADDITIONAL INSURED

Project Location & Description:

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Total Contract Amount: \_\_\_\_\_

We will **NOT** show the above information on the Certificate **Unless** The Certificate Holder requires the same. **The Certificate Will Read:**

***“All Projects Done During The Captioned Policy Term”***

This will save you from requesting a Certificate for various projects for the same Certificate Holder.

Do You Need The Certificate Project Information Shown?  Yes  No

We will email certificates to you and your certificate holder. Originals will be mailed **ONLY** upon request.

Your email: \_\_\_\_\_

Cert Holder: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Email requests to all shown below:

Karen

[KOconnell@bisa-inc.com](mailto:KOconnell@bisa-inc.com)