



Certificate Request

Insured's Information:

Insured's Name:

Contact Name:

Phone:

Fax :

Certificate Holder's Information:

Certificate Holder's Name:

Address:

Fax:

Phone:

Additional Insured: Yes No
Type of Project: Residential Commercial

What insured is doing for the job:

Length of Job:

Job Cost:

- Check this box to confirm that the project is not a new tract home, subdivision construction, nor new multi-family construction.
- Check this box if this project is covered by an insurance policy specific to this project and purchased by the developer or General Contractor that will extend coverage to you when you are enrolled in their insurance program. This is commonly referred to as a "WRAP," an OCIP or a CCIP policy.
- Check this box if you would like a copy of the certificate released to you.

When at all possible please fax to us, at 360-697-4598, the Insurance Requirements section of the contract requesting the certificate of insurance.