

Request for Certificate of Insurance and/or Evidence of Property Insurance

Please complete the form below or attach the certificate holder's request. Incomplete forms may result in a delay in releasing the Certificate or Evidence pending verification of information. Please send any written requests for Certificates or Evidences along with this form to your Centurion Account Manger.

Note: Unless otherwise indicated, Centurion Insurance Group releases Certificates of Insurance and Evidences of Property Insurance within 2 business days of receipt of the request. Contact your Account Manager immediately should you need to make other arrangements.

Date:

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Insured Information

Name of Insured:

Your Name:

Your Phone Number:

Your Email Address:

Certificate Holder Information

Certificate Holder's Name:

Certificate Holder's Address:

City:

State:

Zip Code:

Send Certificate to Holder via:

Mail:

Email Address:

Fax Number:

Fax Attention:

Send Certificate to Insured via:

Mail:

Email Address:

Fax Number:

Fax Attention to:

Request for Certificate of Insurance and/or Evidence of Property Insurance

Required Coverages and Limits (check all that apply)

- General Liability
- Workers Compensation
- Auto
- Umbrella
- Equipment
- Professional/E&O
- Equipment

Limits if specified

<input type="checkbox"/> Other (Please describe)
<input type="checkbox"/> Description (Job/Contract/Building/Year, Make, Model/ Etc.)

Additional Requirements (check all that apply). *Please note, these may require underwriter approval and may delay the issuance of your certificate.*

- 30 Day Notice of Cancellation
- Primary/Non-Contributory
- Waiver of Subrogation
- Per project general aggregate
- Products Liability
- Additional Insured
 - Do you have a written contract with this additional insured?
 - Yes
 - No (Contact your account manager for further discussion before submitting this form.)
- Certificate Holder Only
- Lessor
- Property Loss Payee
- Mortgagee

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Additional Coverages if any

Additional Required Language if any

Comments:

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