



Commercial Insurance Associates, Inc.
 Telephone: 866-400-0141 / Fax: 615-515-6026

REQUEST FOR CERTIFICATE OF INSURANCE AND/OR AUTOMOBILE ID CARD

Today's Date _____ Requested By: _____ Phone # _____

Company: _____

For Division / Location: _____ This request has _____ additional pages

Certificate Holder: _____
 Address: _____
 City, State, Zip: _____
 Attention: _____

Limits

- REQUIRED COVERAGES**
- General Liability _____
 - Workers Compensation _____
 - Umbrella _____
 - Automobile Liability *(provide description below)* _____
 - Automobile Physical Damage *(provide description below)* _____
 - Property / Contents *(provide description below)* _____
 - Equipment *(provide description below)* _____

- Description: _____
- Additional Insured GL Auto *(requires underwriting review)*
 - Loss Payee Mortgagee

- SPECIAL INSTRUCTIONS**
- Primary Non-Contributory *(requires underwriting review)*
 - Waiver of Subrogation (GL WC Auto *(requires underwriting review)*)
 - Job Description _____
 - Job Location _____
 - Job Length _____
 - Contract Value _____

- Cancellation _____
- Other _____

- AUTOMOBILE ID CARDS**
- Issue Automobile Identification Card State _____
 - Automobile Description: _____
(Year / Make / Model / VIN #)

- HANDLING INSTRUCTIONS**
- E-mail to Certificate Holder at _____
 - E-mail to Certificate Requestor at _____
 - Fax to Certificate Holder at _____
 - Fax to Certificate Requestor at _____
 - US Mail Certificate Holder Copy

ADDITIONAL COMMENTS
