

Certificate Request Form

Insured: _____

Requested by: _____

Date: ___/___/___

Certificate Holder's Name: _____

Address: _____ Attention of: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Reference Name / Job Description: _____

Does the Certificate Holder need to be named as an Additional Insured? Yes No (check one)

Please indicate if the Interest of the Additional Insured: (check one)

General Contractor **Owner** **Landlord** **Other (please describe)** _____

Do you have a written contract requiring that they be named Additional Insured'? Yes No (check one)

Does the Certificate Holder need to be named as a Loss Payee? Yes No (check one)

If Yes, On What? _____ And its value: _____

Serial # or Lease #: _____ Where is item located? _____

How long are you leasing or renting the equipment for? _____

Do you want a copy returned to the Holder? Faxed Mailed Emailed (check one)

Do you want a copy for your records'? Faxed Mailed Emailed (check one)

Special Mailing or Faxing Instructions: _____

Fax or email this document to The Jacobs Company, Inc.

Fax # (301) 621-3043 or (410) 381-2105

www.jacobscompany.com