

**REQUEST FOR CERTIFICATE OF INSURANCE**

**CLIENT NAME:** \_\_\_\_\_

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

**Certificate Delivery Method:** \_\_\_\_\_ **Fax Number**

\_\_\_\_\_ **Email Address**

**CERTIFICATE HOLDER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City, State, ZipCode**

\_\_\_\_\_

**PROJECT REFERENCE:** \_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS:**

**Name Cert Holder as Additional Insured**

**Yes**

**No**

**Attach actual endorsement**

**30 day notice of cancellation**

**Owner as Additional Insured:**

\_\_\_\_\_  
**Waiver of Subrogation (WC or GL)**

**\*\*ATTACH REQUEST FORM IF SPECIAL WORDING IS REQUIRED\*\***

Please email completed form to [dthompson@dalenabenik.com](mailto:dthompson@dalenabenik.com)

Or, Fax form to 559-448-9579