

Return completed form to your account manager
Email: _____
Fax: _____



Request for Certificate of Insurance

INSURED:

Insured Name: _____	Date of Request: _____
Requested by: _____	Phone: _____
Email: _____	Fax: _____

CERTIFICATE HOLDER:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Fax: _____
Reference: _____

HOLDER REQUIREMENTS:

√	Insurance Required	Limited Needed	Additional Insured		Waiver of Subrogation		Primary Wording	
<input type="checkbox"/>	Professional Liability	\$	N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	General Liability	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Automobile Liability	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Workers Compensation	\$	N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	
<input type="checkbox"/>	Umbrella/Excess	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Cargo	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Other	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SPECIAL INSTRUCTIONS:

DELIVERY METHOD

Do you want a copy of the certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Send via:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
Do you want us to send the certificate directly to holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Send via:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail

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