

Request for Certificate of Insurance
Fax to: (714) 731-7750 – Cornerstone Specialty Insurance Services, Inc.
Attn: Aimee LaRue
NO COVER SHEET NECESSARY

COMPANY NAME: _____ DATE: _____

PHONE NUMBER: _____

REQUEST BY: _____ FAX: _____

CERTIFICATE REQUIRED BY: (Certificate Holder's Name):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ATTN: _____

CERTIFICATE HOLDER TO BE NAMED **ADDITIONAL INSURED**:

YES _____

NO _____

(Extra names to be included):

IS CERTIFICATE HOLDER A **LOSS PAYEE** OR A **LANDLORD**? _____

PLEASE ATTACH COPY OF CONTRACT REQUIREMENTS OR COMPLETE THE FOLLOWING:

<u>INSURANCE REQUIRED</u>	<u>LIMIT NEEDED</u>	<u>ADDITIONAL INSURED</u>	
		Yes	No
<input type="checkbox"/> General Liability	\$ _____	_____	_____
<input type="checkbox"/> Automobile Liability	\$ _____	_____	_____
<input type="checkbox"/> Umbrella/Excess	\$ _____	_____	_____
<input type="checkbox"/> Workers Compensation	\$ _____	_____	_____
<input type="checkbox"/> Professional Liability	\$ _____	N/A	N/A
<input type="checkbox"/> Other	\$ _____	N/A	N/A

SPECIAL INSTRUCTIONS:

