



Request for Certificate of Insurance

INSURED NAME: _____ DATE: _____
 PHONE NUMBER: _____ FAX: _____
 REQUEST BY: _____ EMAIL: _____

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

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 ATTN: _____
 EMAIL: _____ FAX: _____
 REFERENCE: _____

CERTIFICATE HOLDER TO BE NAMED **ADDITIONAL INSURED**: YES NO

(Extra names to be included):

IS CERTIFICATE HOLDER A **LOSS PAYEE** OR A **LANDLORD**? Yes No

PLEASE ATTACH A COPY OF CONTRACT INSURANCE REQUIREMENTS

INSURANCE REQUIRED	LIMIT NEEDED	ADD'L INSURED		WAIVER OF SUBROGATION		PRIMARY WORDING	
		Yes	No	Yes	No	Yes	No
<input type="checkbox"/> Professional Liability	\$ _____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
<input type="checkbox"/> General Liability	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobile Liability	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation	\$ _____	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
<input type="checkbox"/> Umbrella	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess Liability	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS:

~ Fax: (714) 731-7750 ~

E-mail: tina@cornerstonespecialty.com or aimee@cornerstonespecialty.com
NO COVER SHEET NECESSARY