

CERTIFICATE REQUEST FORM



CHOICEInsurance, LLC
— THE RIGHT CHOICE —

Choice Insurance, LLC
1715 Market St Ste 100 Kirkland, WA 98033

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Email: Service@choiceinsurance.net

Please complete form and return by Fax or Email.

NAMED INSURED: _____

CERTIFICATE HOLDER: _____

MAILING ADDRESS: _____

FAX #: _____ EMAIL: _____

PROJECT NAME (If Applicable) _____

PROJECT START DATE: _____ CERT HOLDER CONTACT: _____

Mortgagee? ___ Loss Payee? ___ Contractor? ___ Landlord? ___ Other? (specify) _ EVIDENCE OF INSURANCE? _____ OR ADDITIONAL INSURED STATUS? _____ *

If Certificate Holder is asking to be named as Additional Insured, please provide a copy of the contract or agreement that specifies the insurance requirements.

PLEASE CHECK EVIDENCE OF COVERAGE REQUESTED: REQUIREMENTS ATTACHED? YES NO

_____ General Liability

_____ Professional Liability

_____ Business Auto Liability

_____ Commercial Property

_____ Employers Stop Gap Liability

_____ Other (specify)

_____ Excess Liability

PLEASE CHECK COVERAGE FORMS REQUESTED:

_____ Additional Insured Completed Operations

_____ Additional Insured Primary/Non-Contributory

_____ Waiver of Subrogation

_____ Designated Project Aggregate

REMARKS _____

Signed _____ Date _____

Printed Name _____