



CERTIFICATE OF INSURANCE REQUEST

12501 Old Columbia Pike - Silver Spring, MD 20904

OFFICE: 1(888) 951-4276 - FAX: 1(866) 460-8767

RUSH YES NO

▷ ORGANIZATION INSURED:

POLICY #:

LIMIT:

▷ TYPE OF INSURANCE:

SELECT YOUR OPTION(S)

GENERAL LIABILITY

PROPERTY

HOSPITAL PROPERTY

AUTOMOBILE

EXCESS LIABILITY

WORKERS COMPENSATION

▷ CERTIFICATE HOLDER:

ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT NAME:

PHONE NUMBER:

▷ EVENT LOCATION: (IF DIFFERENT FROM CERTIFICATE HOLDER)

ADDRESS:

CITY:

STATE:

ZIP CODE:

▷ ACTIVITY REQUIRING CERTIFICATE:

BEGINNING DATE (MM/DD/YYYY):

ENDING DATE (MM/DD/YYYY):

ADDITIONAL INSURED: YES NO

SPECIFIC WORDING REQUIRED:

SPONSORED BY:

▷ NEEDED FOR PROPERTY / EQUIPMENT

VALUE:

SERIAL#:

MODEL#:

LOAN #:

PLEASE EMAIL CERTIFICATE OF INSURANCE TO: USE A SEMICOLON TO SEPARATE E-MAIL ADDRESSES IN CASE YOU NEED TO SEND A COPY OF THE CERTIFICATE OF INSURANCE TO MULTIPLE RECIPIENTES

PLEASE NOTE: CERTIFICATES WILL NO LONGER BE ISSUED BY FAX OR MAIL. PLEASE PROVIDE E-MAIL ADDRESSES OF ANYONE NEEDING TO RECEIVE A COPY OF THE CERTIFICATE.

COMMENTS:

▷ REQUESTED BY:

DATE (MM/DD/YYYY):

SELECT YOUR CUSTOMER SERVICE REPRESENTATIVE: