

REQUEST FOR CERTIFICATE OF INSURANCE

Today's Date: _____ Requested By: _____ Need By: _____

Business/Company Name: _____ Phone: _____

Issue Certificate To: _____

Address: _____

City/State/Zip: _____

Attention: _____

Required Coverages:

- | | |
|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Automobile Liability | <input type="checkbox"/> Installation Floater |
| <input type="checkbox"/> Automobile Physical Damage | <input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented |
| <input type="checkbox"/> Builders Risk | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Umbrella / Limit \$ _____ | <input type="checkbox"/> E&O |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Evidence of Property Coverage |
| <input type="checkbox"/> Other: _____ | |

Description & Project Location: _____

**Describe the reason for the certificate of insurance (i.e. job location, name, contract number, cost of job, vehicles, serial number, piece of equipment, etc.)

Certificate Holder's Interest: Additional Insured (GL Auto Umbrella)
 Loss Payee
 Mortgagee
 Lenders Loss Payee

Additional Insured: Attach copy of lease/contract: _____

Loss Payee: See attached: _____

Endorsements Required: Additional Insured GL Waiver of Subrogation
 Primary & Noncontributory Per Project Aggregate
 Work Comp Waiver of Subrogation Per Location Aggregate

Handling Instructions: Fax or email to: _____

To submit, save PDF and email to: info-powers-leavitt@leavitt.com