CERTIFICATE OF INSURANCE REQUEST FORM

This Certificate of Insurance Request form is for existing clients of Lacher & Associates who hold Commercial policies. Please provide as much information as possible to receive an accurate certificate. This information will be kept confidential and will be used for these purposes only.

Insured Name: _____

Certificate Holder: _____

(Name and Address) _____

_____

_____

_____

Additional Insured: _____

_____

Job Reference _____

Is there a written contract requiring additional insured? Yes ☐ No ☐

Additional Insured Requirements(by contract):

Yes	No	
☐	☐	A. Include Additional Insured for General Liability Ongoing Operations
☐	☐	B. Include Additional Insured for General Liability Completed Operations
		(1) Scope of work:_____
		(2) Job Location:_____
		(3) Additional Insured for General Liability Completed Operations must remain on policy for _____ Years
☐	☐	C. Include additional insured for automobile

Waiver of Subrogation Requirements:

Yes	No	
☐	☐	A. General Liability
☐	☐	B. Automobile
☐	☐	C. Workers Compensation- Complete Waiver of Subro Request Form

Miscellaneous:

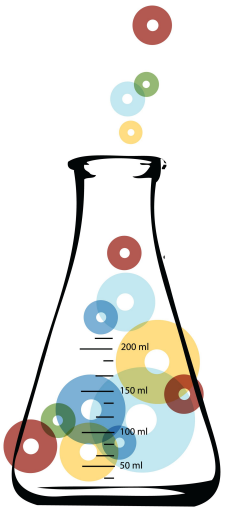
Yes	No	
☐	☐	A. General Liability Per Project or location aggregate
☐	☐	B. General Liability must be primary & non-contributory
☐	☐	C. Other: _____

Delivery: Yes

☐ Certificate Holder Email: _____

☐ Certificate Holder Fax: _____

☐ Send copy to me only and I will forward to cert holder



Completed by (Print):_____

Date:_____

LACHER & ASSOCIATES