



# CERTIFICATE OF INSURANCE REQUEST

PLEASE PROVIDE THE FOLLOWING INFORMATION TO ASSURE THAT THE CERTIFICATE IS ISSUED PROPERLY

INSURED: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

CERTIFICATE HOLDER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

JOB #/ DESCRIPTION \_\_\_\_\_

## ADDITIONAL INSURED & THEIR INTEREST (OWNER, GENERAL CONTRACTOR, ARCHITECT)

NAME OF ADDITIONAL INSURED:

THEIR INTEREST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE A COPY OF THE CONTRACT INSURANCE REQUIREMENTS IF AVAILABLE

**FOR QUICK PROCESSING PLEASE-MAIL THIS FORM**

E-MAIL ADDRESS: [Info@szuraagency.com](mailto:Info@szuraagency.com)

**THANK YOU!**