



Complete this form online by clicking and typing in the fields below. Then save this document to your desktop and email it as an attachment to ngreen3@mac.com. Alternatively, you can print this document and fax it to us at (818) 709-5179.

Company Information

Company Name

Address

City, State, Zip

Your Name

Phone

Extension

Fax

Certificate Holder- *(Provide Name, Address, & all pertinent information)*

Name

Name as Additional Insured

Address

City, State, Zip

Attention Of

Phone

Fax

Coverage Information- *(We will evidence of all coverages unless you specify otherwise)*

General Liability

Umbrella

Workers' Compensation

Property

Other

Certificate Holder's Interest- *(Important if named as Additional Insured)*

Owner Mortgagee Lessor Franchisor General Contractor Political Entity

Other Interest :



Describe Operations, Equipment, Vehicles, Other- <i>(Provide job locations, property locations, loan numbers, etc.)</i>				
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>				
Additional Insured: <i>(Exact name to be added to your policy)</i>				
<p>Effective Date:</p>				
Cancellation Clause if Other than 30 days Except 10 Days for Non-Payment of Premium <i>(Requires company approval)</i>				
Days Requested:				
Other Special Terms and Conditions- <i>(List any important exclusions or endorsements required)</i>				
Completed Certificate- <i>(Indicate distribution of the Certificate)</i>				
<p>Mail/ Fax Copy to the Certificate Holder</p> <p>Mail/ Fax Copy to our office</p> <p>E-Mail to:</p>	<p>RUSH Issue <i>(within 2 hours)</i></p> <p>Standard Issue</p>			