

To: The Insurance Centers Attn: Certificate Dept. Fax # 732-574-8001
Email: dxc@insctrs.com

CERTIFICATE REQUEST FORM

Insured: _____

Date: _____ Contact: _____

FOLLOWING MUST BE COMPLETED

Holder: _____

Address: _____

Attention: _____

Mail Fax _____

E-Mail _____

****Contractor's Only****

Bid only (attach copy of bid specifications)

New Job

Specific work being performed _____

Location of job: NJ NY Other _____

Estimated payroll _____

Start Date _____

Estimated receipts _____

Completion Date _____

SPECIAL REQUIREMENTS

Hold Harmless (**Must attach copy of contract**)

Mortgage/Loss Payee Lessor

Condo/unit owner Reason for Certificate: _____

FOR ADDITIONAL INSURED

Please check which policy(ies) the holder REQUESTS additional insured status *This may reduce the limits of liability available to you.*

Please note additional insureds, hold harmless clause or any special wording must be approved by the insurance company. There may be a premium charge and prior to approval they may require a copy of the contract.

General Liability Auto Liability

Other (name policy) _____

Physical Damage (*complete vehicle information including value must be provided for each*)

Vehicle Description

Year _____ Make _____

Model _____ Stated Amt \$ _____

VIN # _____ Cost New \$ _____

Rental Vehicle/Equipment Permanent Substitute Term

Date taken _____ Date returned (if known) _____

Insured's Signature _____

CERTIFICATES OF INSURANCE ARE ONLY VALID WHEN ISSUED BY AGENT.

By failing to review, sign and return the certificate request form; the client, or any third party acting on behalf of the client agrees that Donald F. LaPenna Associates, Inc. will be held completely harmless for any errors or omissions that may be contained on the Certificate of Insurance including all policy changes which either change, void or reduce coverage for the client.