



# CERTIFICATE REQUEST FORM

<input type="checkbox"/> Certificate of Liability Insurance	<input type="checkbox"/> Evidence of Property Insurance
<input type="checkbox"/> Proof of Coverage only	<input type="checkbox"/> Proof of Coverage only
<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Mortgagee
<input type="checkbox"/> Other _____	<input type="checkbox"/> Loss Payee
	<input type="checkbox"/> Other _____

Your Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL INSURED/CERTIFICATE HOLDER:**

Name: \_\_\_\_\_  
 St Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Additional Insured Endorsement is required?  Yes (Provide Reason)  No

Reason for AI endorsement:

<input type="checkbox"/> Contract	<input type="checkbox"/> Requested by Landlord	<input type="checkbox"/> Requested by G.C
<input type="checkbox"/> Permits	<input type="checkbox"/> Requested by Vendor	<input type="checkbox"/> Requested by Homeowner
<input type="checkbox"/> Other(Specify): _____		

Required information for ADDITIONAL INSURED requests only:

Physical address of covered operations: \_\_\_\_\_  
 \_\_\_\_\_

Specific Job Description(if applicable): \_\_\_\_\_  
 \_\_\_\_\_

Other/Additional Info \_\_\_\_\_  
 \_\_\_\_\_

- Please
1. Make copies of this form for your files.
  2. **Attach a copy of contract or insurance requirements if available.**
  3. Fax requests to: CUSTOMER SERVICE @ (619) 592-4449 or email to Requests@BCISINC.NET
- \*Please note that we cannot issue endorsements until policy # is issued by carrier

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_