

CONTRACTORS CERTIFICATE REQUEST FORM

General Liability **Auto** **Workers Compensation**
CHECK APPLICABLE BOX(S)

Issue Certificate to: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Name: _____

Job
Address/Number: _____

Job Description: _____

Cert Holder Named as Additional Insured: Yes _____ No _____

Waiver of Subrogation: Yes _____ No _____

Primary Wording: Yes _____ No _____

(All of the above are subject to additional charges and fully earned.)

Fax this certificate to my client at _____ then mail the originals.

Fax a copy to me at _____ then mail a copy to me.

Requested By _____ Date _____

Please note: We will no longer be taking requests from Third Parties.

**Fax COMPLETED form to:
EASTERLY SURETY & INSURANCE SERVICES, INC.
TO FAX # :1-888-895-8939**