The Amerisc Corp.

Certificate of Insurance Request Form

Requested by insured: _____ Date: _____

Certificate Holder: _____
_____

Certificate Description

Project Name: _____ **Project Number:** _____
_____
_____

Equipment
Make: _____
Model: _____
Serial Number: _____
Value: _____

Required Coverage on Certificate
Please check next to coverage

_ General Liability _ Property

_ Automobile _ Umbrella

_ Disability _ Equipment

_ Other:
_____
_____
_____

Please attach any additional insurance specifications

Special Instructions
Certificate Holder _ Fax #_____
_ Mail
Send to Insured _ Fax _ Mail
Other/E-mail/Mail: _____
_____
_____

Insured's Signature _____
Date: _____

Additional Insured Information
Please complete if requested
Additional insured status required **_ Yes _ No**
Additional Insured: _____
_____
_____
Additional insured status required on:

_ General Liability _ Automobile _ Umbrella

Additional Insured relationship to job being performed: _____
If the additional insured is the landlord, provide square footage our insured occupies: _____
If a permit is required, what type: _____
_____
Nature of work being performed: _____
_____
_____
_____
_____
Cost of job: _____
Estimated job duration: _____
Payroll for the job: _____

Please attach separate sheet if you are not able to fit the information on the lines above