

Certificate Request Form

Date of Request: _____

To: InsuranceTek, Inc.
Attn: Vicki Boser Vicki@Insurance-tek.com
Fax: 425-357-1551

Business Name: _____
Person Requesting: _____
Phone: _____ Fax: _____

Verification Certificate Only
Additional Insured Status (Additional Charge unless Blanket purchased)
Primary Additional Insured Status (Additional Charge)
Waiver of Rights Status (Additional Charge)

Certificate of Insurance to read:

Name of Company: _____
Department: _____
Attn: _____
Fax: _____
Address: _____
City: _____ State: _____ Zip: _____

Special Wording Required:

Standard mail to holder
Rush, please fax and mail to holder
Fax a copy to our office
Mail a copy to our office
No copy required since agent keeps on file for 5 years

Please note, request for renewal certificates is not required. We will process a list for review with your application. It may be possible your office will need to complete the initial certificate holders list.