

Certificate of Insurance - Request Form for Mortgage Field Services

Attn: InsuranceTek Inc.

Fax: 800-521-1528

Office 888-505-1555

Email: Service@Insurance-tek.com

Date _____
 Named Insured _____
 Contact Person _____
 Phone if we have any questions _____

Please add the following certificate holder to my policy with the following status. If you have a contract, you can send a copy with your request.

Additional Insured Verification Only

Name: _____

Contact: _____

Address _____

City/St/Zip _____

Fax/Email _____

Operations performed for the above certificate holder _____

In order to avoid our program policies being subject to audit, we now need advised if this new contract will affect your projected receipts. If you are already subject to audit, you can disregard this question.

This new contract will not affect my projected receipts	
This new contract will increase my projected receipts. Premium change if any, will not be done unless we contact you.	\$
This new contract is replacing _____ and will not increase my receipts	
We are subject to audit therefore this does not apply	