

CL POLICY CHANGE REQUEST: ADD CERTIFICATE HOLDER

PLEASE FAX DIRECTLY TO YOUR ACCOUNT MANAGER OR TO: (559) 222-1724



Today's Date _____	Requested by _____
Insured's Name _____	Phone _____
DBA Name _____	Fax _____
Producer/CSR _____	Email Address _____

Cert Holder's Name _____	
Address _____	
City _____	State & Zip _____
Phone _____	Fax _____
Contact Person _____	Email Address _____

Types of Insurance to be on certificate (Check all that apply)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Umbrella/Excess Liability
<input type="checkbox"/> Business Auto	<input type="checkbox"/> Liquor Liability
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Other – (Explain)
<input type="checkbox"/> Workers' Compensation	

Special coverages requested (Check all that apply) – Additional premiums may be charged for these coverages

<input type="checkbox"/> Additional Insured	<input type="checkbox"/> GL	<input type="checkbox"/> Auto	<input type="checkbox"/> Residential	<input type="checkbox"/> Primary Wording
<input type="checkbox"/> Waiver of Subrogation	<input type="checkbox"/> GL	<input type="checkbox"/> WC	<input type="checkbox"/> Commercial	<input type="checkbox"/> Non-Contributory
<input type="checkbox"/> Per Project Aggregate			<input type="checkbox"/> New Construction	<input type="checkbox"/> 30 Day Cancellation
<input type="checkbox"/> Per Location Aggregate			<input type="checkbox"/> Remodel	<input type="checkbox"/> Completed Operations

Job Number & Location _____
Contract Number _____
Job or Event Description _____

Is there a specific event day or dates you are providing services? Yes No

Job Length or Event Date Length _____ Start Date _____ End Date _____

Insurance Requirements Attached Yes No

Additional comments, instructions or special wording

Certificates and special coverages may be subject to Insurance Company's approval which may delay issuance.
Insurance Company may not be able to comply with special coverage requests.