

CERTIFICATE REQUEST FORM

(To Include Additional Insured)

TO: Sue Ann Sowinski
Peterman Company

Number of pages: _____

FAX: (215) 628-2786

PHONE: (215) 628-4770

.....
FROM: Named Insured: _____

Phone #: _____ Fax #: _____

Certificate Holder Name: _____

Address: _____

Attention: _____

Phone #: _____ Fax #: _____

Check Appropriate Box:

Loss Payee (pertaining to: _____)

Additional Insured (pertaining to: _____)

Certificate Holder

Nature of Certificate Holder:

Landlord

Lessee

Vendor

Supplier

General Contractor

Municipality

INSTRUCTIONS:

Fax to Certificate Holder

Fax to Insured

Mail to Certificate Holder

Mail to Insured (Check if original needed in addition to fax)

NOTE: If you have a written request from the proposed certificate holder, please send with this request. Also, if your request requires us to list anyone as an additional insured or add wording to the certificate please provide us with a copy of your contract with the request

NOTE: If requesting Additional Insured, also need the Details of the Job (what work is being performed by you), Location of Job and Dates of the Job (how long will last) - Thank you!

