

# DeSanctis Agency - CERTIFICATE REQUEST

Date: \_\_\_\_\_ Time: \_\_\_\_\_

INSURED: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone #: \_\_\_\_\_

CERTIFICATE HOLDER: \_\_\_\_\_

MAIL TO:  Insured  Cert. Holder  Other Insured FAX #: \_\_\_\_\_

FAX TO:  Insured  Cert. Holder  Other Cert. Holder FAX #: \_\_\_\_\_

E-MAIL TO:  Insured  Cert. Holder  Other E-mail Address(es): \_\_\_\_\_

Current coverages and limits?  Changes? (Please indicate below or attach Contract specs.)

CO	TYPE OF INSURANCE	POLICY NO.	EFF DATE	EXP DATE	LIMITS	
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY	\$
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person)	
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY	\$
	<input type="checkbox"/> HIRED AUTOS				(Per accident)	
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> STATUTORY LIMITS	
	<input type="checkbox"/> THE PROPRIETOR /				EACH ACCIDENT	\$
	<input type="checkbox"/> PARTNERS/EXECUTIVE <input type="checkbox"/> INCL				DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE	\$
	<b>OTHER</b>					

PROJECT TO BE PERFORMED (Including type of work): \_\_\_\_\_

ADDITIONAL INSURED?  No  Yes, WAIVER OF SUBROGATION?  No  Yes (If Yes for either, please Include Relationship, Cost, Est. Payroll, & Duration) \_\_\_\_\_

IS BUILDERS RISK NEEDED?  No  Yes \_\_\_\_\_ Limit,  Flood?  Quake?  Boiler?  Soft Costs?  
 IN WHAT STATE IS THE PROJECT BEING PERFORMED? \_\_\_\_\_ (If not in your Home State, or coverage for that State is not evidenced on your normal master certificate, other coverage arrangements must be addressed immediately.)

REMARKS: \_\_\_\_\_

AGENCY PROCESSED - D/T: \_\_\_\_\_ BY: \_\_\_\_\_