

## **CERTIFICATE REQUEST FORM**

PLEASE COMPLETE THIS FORM WHEN ANOTHER EMAIL TO YOUR REPRESEN ACCOUNT MANAGER:	TATIVE AT WALDORF RISK SOL	UTIONS, LLC.	
ALL REQUESTS MUST BE REPORTED IN WRITING AT LEAST MUST BE ACCOMPANIED BY ANY CONTRACT, AGREEMENT,	WO WEEKS PRIOR TO INTEND PERMIT, ETC. IN ORDER TO DE	ED USE OF THI	RD PARTY'S FACILITIES AND RANCE REQUIREMENTS.
Insured's Name for Certificate:			
Insured's Site (Parish/School/Office) Information			
Location Name:			
Location Address:	Telephone:		
Contact Name:	Email:		
Reason for Certificate:	Use of Facilities	Lease	Mortgage
Certificate Holder (party requesting proof of insurance)			
Full Legal Name:			
Address:	, <u> </u>		
Attention/Contact Name:		Email:	
Please select one or more options:			
Certificate Holder Only And Officers, Agents, Emplo Second Page CG20 Endorsement (if required) Mortgagee (include Loan Location, Number and Amount):	Loss Pay	ditional Insured ee (Property)	Waiver of Subrogation Broker's Certification
Date(s) Insured Will Use Certificate Holder's Facilities: Number of Participants:			
Coverage Required on Cert:			
Property (building & contents)       Leased Equipment – Replacement Cost Value: \$   Lease #:         General Liability (including property damage to third party premises)       Automobile Liability         Other (please describe):       Other (please describe):			
Description of Operations/Activities/Events:			
Other Special Instructions/Endorsements Required:			
Please Allow 48 hours or two (2) business days for completion. If this is an emergency request, please call 631-423-9500			