

CERTIFICATE OF INSURANCE REQUEST FORM

Email Request to episerviceteam@epicbrokers.com

Date: _____

Insured (your company name): _____

****Please attach, if applicable, the certificate requirements provided to you by the certificate holder****

Certificate Holder (who is the certificate for): _____

Certificate holder's Address: _____

Certificate holder's interest (check one/all that apply):

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Evidence of coverage only | <input type="checkbox"/> Loss Payee |
| <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Landlord |

If Additional Insured/Loss Payee: who is to be listed as Additional Insured/Loss Payee:

If Loss Payee please provide description and value of vehicle or equipment:

Vehicle/Equipment: Year/Make/Model: _____

Vehicle/Equipment: Serial or VIN (17 digits): _____

Value: \$ _____

Coverages Requested (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Equipment Floater |
| <input type="checkbox"/> Work Comp | <input type="checkbox"/> Property |
| <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Umbrella Liability |

Does the certificate holder need a Waiver of Subrogation: Check which one is requested.

- | |
|---|
| <input type="checkbox"/> General Liability |
| <input type="checkbox"/> Auto Liability |
| <input type="checkbox"/> Workers Compensation (premium applies to WC) |

Re: Job Description/Number if applicable and or Event/date:

Email or Fax to send the certificate to the holder: (certificate will automatically be faxed or emailed to you for your records)