



NAME OF INSURED: \_\_\_\_\_

**Certificate of Insurance Request Form**

Please fax to **PRIDEMARK-EVEREST INSURANCE SERVICES (lic#OF13098)**  
**FAX# (714) 917-3199 ATTN: CERT DESK or FAX#(714) 704-4814**

Date: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_\_\_ Total # of Pages: \_\_\_\_\_

Please follow the **4 steps** and refer to your information from the organization/person who is requesting the certificate to **fill in the blanks**. If you need assistance please feel free to call our office @ **714-569-2707**

**\*\*\*If this is a request to make any change on a certificate already done, please attach the requirements to this form and write "Revision – See Attachment"**

**1. Certificate Holder Name & Address:** *Is this a "RUSH" request? Yes \_\_\_ No \_\_\_*  
 (Organization and/or person requesting proof of insurance from **your** company)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Additional Insured:** *Same as Certificate Holder? Yes \_\_\_ No \_\_\_*  
 (General contractor, owner, developer, bank or other organization and/or person requesting A/I status)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Job/Project Name & Address:** **Job/Project Number:** \_\_\_\_\_  
**NOTE:** WRAP/OCIP JOB? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Check the applicable coverage needed:**

General Liability \_\_\_ Automobile Liability \_\_\_ Workers Compensation \_\_\_  
 Excess/Umbrella \_\_\_ Other \_\_\_\_\_

Primary/Non-Contributory Wording needed? Yes \_\_\_ No \_\_\_  
 Remove "will endeavor" phrase on cancellation? Yes \_\_\_ No \_\_\_  
 Waiver of Subrogation needed - Workers Compensation? Yes \_\_\_ No \_\_\_  
 Waiver of Subrogation needed - General Liability? Yes \_\_\_ No \_\_\_

*(Please note: Special Wording, Primary/Non-Contributory Clause, Waiver of Subrogation or certain Addl Insured endorsements could cost additional premium. Please call for details.)*

**Comments/Notes/Special Wording Request:** \_If you wish the certificate E-Mailed, please be sure to provide an E Mail address!!!!

\_\_\_\_\_

\_\_\_\_\_

Certificates are evidence of insurance only. You may have signed contracts, leases or other agreements requiring you to provide this evidence. In those agreements, you may assume obligations and/or liability for others. Some of these obligations are not covered by insurance (you should review these with competent legal counsel).

## **Certificate of Insurance.**

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## **Additional Insured (ONLY IF REQUIRED BY WRITTEN CONTRACT)**

In addition to providing a Certificate of Insurance, you may be required to name your client or customer on your policy as an Additional Insured. This is possible only with permission of the insurance company and, in some cases, an additional premium. There are other consequences to your policy including:

- Your policy limits are now shared with other entities; their claims involvement may reduce or exhaust your aggregate limit.
- Your policy may provide higher limits than required by contract; your full limits can be exposed to the Additional Insured.
- There may be conflicts in defense when your insurer has to defend both you and the Additional Insured.
- Blanket Additional Insured/Automatic Additional Insured Status:  
Specific circumstances are required in order to trigger the form:
  - WRITTEN contract or agreement to insure not just to indemnify required
  - Agreement must be in place prior to loss

Contracts, leases and agreements you sign may have indemnification and other requirements that cannot be addressed by an insurance policy. We recommend that these be reviewed by you and your legal counsel

Certificates are evidence of insurance only. You may have signed contracts, leases or other agreements requiring you to provide this evidence. In those agreements, you may assume obligations and/or liability for others. Some of these obligations are not covered by insurance (you should review these with competent legal counsel).