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**REQUEST FOR CERTIFICATE OF INSURANCE OR EVIDENCE OF PROPERTY**

Date: \_\_\_\_\_ Requested by Date/ Time: \_\_\_\_\_ IB ID PIN#: \_\_\_\_\_

**Participant:** \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_ E mail: \_\_\_\_\_

Name \_\_\_\_\_ & Position or Title: \_\_\_\_\_

**Coverage Requested:**

Automobile Liability

Owned Auto Physical Damage (Comp/Collision)

Workers Compensation

Location (if applicable) \_\_\_\_\_

**Certificate Holder/Additional Interest:**

Company Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Attention: \_\_\_\_\_ E mail: \_\_\_\_\_

**Certificate Holder's Interest is:**

Certificate Holder Only     Additional Insured     Loss Payee    Landlord    Mortgagee

Special Request/Specific Language \_\_\_\_\_

**Special Event Date and Description:**                      one-time request (not to be issued automatically at renewal)

Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Brief Description: \_\_\_\_\_

**Equipment Detail (if applicable).**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Value: \_\_\_\_\_ Loan Name & #: \_\_\_\_\_

**Auto Detail (if applicable)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_

Value: \_\_\_\_\_ Loan Name & #: \_\_\_\_\_