INSURANCE BOARD
Partners in Protection

1468 W. 9th Street, Suite 350
Cleveland, OH 44113
(800)437-8830 Fax (216)736-3239
E-mail: Certificates@InsuranceBoard.org
www.InsuranceBoard.org

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 & #:_____

Certificates will be issued by the Hylant Group

Please email to: auto-wc@InsuranceBoard.org