

# Robert Hess and Company

INSURANCE BROKERS

Requesting Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

## INSURANCE CERTIFICATE REQUEST FORM

Attach a copy of the Insurance Requirements / Agreement.

Email or Fax Certificate to Insured? \_\_\_\_\_

Email or Fax Certificate to Certificate Holder? \_\_\_\_\_

Certificate Holder name \_\_\_\_\_

Address \_\_\_\_\_

Name of Contact person \_\_\_\_\_

Phone # / fax # or email address \_\_\_\_\_

Coverage required and Limits to be included on the Certificate of Insurance:

	( <input type="checkbox"/> )	Per occurrence / Aggregate	
General Liability	_____	\$ _____	\$ _____
Umbrella / Excess	_____	\$ _____	\$ _____
Property / Equipment	_____	\$ _____	_____
Workers Compensation	_____	\$ _____	_____

### General Liability

Event: \_\_\_\_\_ Description / Purpose - Name of event, location, date(s)  
\_\_\_\_\_

### Property

Equipment Lease: \_\_\_\_\_ Description - serial #, lease #, lease date, replacement value \$  
\_\_\_\_\_

### Auto

\_\_\_\_\_ Description - Year, make, model, VIN, value \$  
\_\_\_\_\_

Is a Loss Payable or Lenders Loss Payable Endorsement being requested?

If so, indicate name as it is to appear on the endorsement.

Other: \_\_\_\_\_

Is a Waiver of Subrogation required on?

General Liability \_\_\_\_\_ Auto \_\_\_\_\_ Workers Compensation \_\_\_\_\_ Other \_\_\_\_\_

Please return to us when completed. Fax to: (415) 435-9126 or Scan & Email to: [customer@robhessco.com](mailto:customer@robhessco.com)