

## Commercial Underwriting Department

### Request for Additional Insured &/or Certificate of Insurance

Policy Number: \_\_\_\_\_ Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Broker: \_\_\_\_\_

REQUEST FOR:  Certificate of Insurance  Additional Insured \*  Loss Payee

PERIOD FOR WHICH CERTIFICATE IS REQUESTED From: \_\_\_\_\_ To: \_\_\_\_\_

If Additional Insured or Loss Payee, please specify the relationship to the Named Insured.:

Property Owner  Government Agency  Contractor  Business Associate

Bid On Job  Leasing Company  Other \_\_\_\_\_  
please specify

Please provide the exact name and address of the Certificated Holder or Entity to be named, as it should appear on the Certificate. The Certificate Holder / Additional Insured / Loss Payee will receive the original forms and the Broker will receive copies for the Broker's and Named Insured's records.

Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Job Location; (if different from entity listed above): \_\_\_\_\_  
\_\_\_\_\_

Note \* Additional Insured Certificates of Insurance will only be issued to Property Owners, Government or Municipal Agencies, without an additional premium charge applying. Contact IEBS for additional details

(For multiple insured, please submit one form for each)