



1010 E Jefferson St
Phoenix, AZ 85034
Phone- 877-404-0707
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Email to: ins@ciacoverage.com

Certificate of Insurance Request

Date: _____

Named Insured (Your Company): _____

Certificate Holder (Whoever is Requesting Cert):

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cert Holders Fax#: _____ Cert Holders Email: _____

Does the cert holder need "Proof of Insurance" only? Yes No

Is this certificate for a specific project? If yes, then fill out the information below.
If no, then leave blank.

Project#: _____

Project Name: _____

Project Location: _____

Project City: _____ State: _____ Zip: _____

Is there a written contract between the Named Insured and the Certificate Holder? Yes No

Does the certificate holder want anyone listed as Additional Insured?

If so, please list the entities they want listed below:

Is Primary & Non-Contributory required? Yes No

Do they require Waivers of subrogation? If so, please list the entities they want listed below:

IF THIS CERTIFICATE HAS ANY OTHER SPECIAL REQUIREMENTS, PLEASE ATTACHED THEM TO THIS FORM!

How would you like us to send you your copy of the certificate?

Email: _____ or Fax # _____