CERTIFICATE REQUEST FORM

Please e-mail all requests to: csr@whitneyoaksinsurance.com and attached this completed form.

INSURED POLICY INFORMATION

Business Name: _____

(If you are insured/client of Whitney Oaks Insurance, please list your company name above).

Business Contact Name: _____

Send me a copy of documents that are issued: ☐ e-mail to: _____

CERTIFICATE HOLDER INFORMATION

(Person(s) or Vendor/Business that's requesting your insurance certificate or are going to place on your policy as a Cert Holder & Additional Insured)

Cert Holder/Business Name: _____

Cert Holder/Business Address: _____

Cert Holder/ e-mail: _____ Contact Name: _____

Project Address: _____

Certificate Type: (click all that apply) Note: If need be please send supporting docs to aid us.

☐ Proof of Insurance (a Basic Certificate will be sent out; Free of Charge).
☐ Certificate Holder (Named Above) will be added as Additional Insured (AI) to your policy.
An Endorsement document(s) as well as a Certificate will be sent to the e-mail(s) listed above.
☐ + Completed Operations (a fee may apply).
☐ + Primary & Non-Contributory Wording (a fee may apply).
☐ + Waiver of Subrogation (a fee may apply).
☐ + Other: _____

Date of Project - Starting: _____ Ending: _____ Project Cost: $_____

Description of work to be done: _____

_____.

Please Indicate if this project will involve any of the work listed below: NOTE: Some policies **Exclude** Residential Work, please consult your agent on any **New Residential Projects**.

New Residential Work: (click all that apply)

☐ NEW Condos/Town Homes/Duplexes
☐ NEW Apartment Work ☐ Track Home Developement
☐ NEW Single Family Home(s)

Commercial & Residential: (Click all that apply)

☐ School ☐ Single Family Home ☐ Condo/Townhome/Duplex
☐ HOA Work ☐ Assisted Living ☐ Mixed Usage Building
☐ Commercial Describe: _____