

## Certificate Request Form

To request a certificate of insurance, complete this form, save it and attach it to the email. Please email the underwriter associated with the policy: [kinh@piuinc.com](mailto:kinh@piuinc.com), or [diana@piuinc.com](mailto:diana@piuinc.com). Or fax. \_\_\_\_\_

\*\*\*Premium for additional insureds is flat and fully earned.\*\*\*

Your Agency Name:

Requester Name:

Your Phone Number:

Named Insured:

Policy Number:

Certificate Holder & Address:

Certificate Request is for  Verification Only  Additional Insured

Certificate Holder is a:  General Contractor  Owner of Premises or Landlord  
 Vendor  
 Lessor  
 Other:

Description of Job/Location:

Does Job reference # need to be listed on certificate?  Yes  No Reference #:

Insurance requirements:  Cancellation Clause  Days Notice  
 General Liability Additional Insured  
 Loss Payee (Property / I.M.)  
 Other (Details)

Mailing Instructions:  Email to Agency (PDF Format)  
Email address:

Fax to Agency  
Fax #:  Attn:

Additional Instructions: