



# Request for Certificate of Insurance

Fax to: 630-485-4274

Please complete the form below. An account specialist will call you if additional information is required.

Date: \_\_\_\_\_

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

Insured Fax No.: \_\_\_\_\_

## Certificate Holder

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

\_\_\_\_\_

Fax Number: \_\_\_\_\_

Attn: \_\_\_\_\_

## Additional Requirements/Instructions

Primary/Non-contributory\*  Yes  No

Waiver of Subrogation\*  Yes  No

If Primary/Non-Contributory or Waiver of Subrogation coverage is necessary, please indicate length of job & job cost.

Job Cost: \$ \_\_\_\_\_

Job Length \_\_\_\_\_

*\*Additional premiums may be charged if Primary/Non-Contributory and/or Waiver of Subrogation coverage is required.*