



CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and either email to: certs@generalsouthwest.com or fax to: 480-481-9551

Date: _____

REQUESTED BY: _____

COMPANY NAME: _____

PHONE: _____

EMAIL: _____

CERTIFICATE HOLDER NAME (who is requesting certificate) and ADDRESS (required)

INTEREST OF CERTIFICATE HOLDER (check applicable choices)

- Verification of Insurance
- Additional Insured* General Liability Auto
- Loss Payee/Mortgagee*
- Please see attached requirements from Certificate Holder

***VERY IMPORTANT: For all Additional Insured/Loss Payee/Mortgagee requests –
Please provide additional information ie: project description, address, vehicle/equipment info**

WAIVER OF SUBROGATION General Liability Auto Workers Compensation*

***If applicable, Workers Comp Waiver of Subrogation requests must include:**

Job Dates: _____

Job Payroll: _____

Job Description: _____

E-MAIL TO CERTIFICATE HOLDER- Email: _____

FAX TO CERTIFICATE HOLDER - Fax#: _____

MAIL ORIGINAL TO CERTIFICATE HOLDER _____

PLEASE NOTE THAT COPIES OF ALL CERTIFICATES WILL BE SENT TO INSURED