

CERTIFICATE OF INSURANCE REQUEST FORM

Servicing Office: Denver Office Grand Junction Office

CONTACT INFORMATION

Your Name* _____

Your Company Name* _____ Your Email Address* _____

MOODY INSURANCE CLIENT INFORMATION

Named Insured* _____ Mailing Address* _____

City* _____ State* _____ Zip* _____

Type of Insurance:

General Liability Excess Liability Equipment Property Workers' Compensation Commercial Auto Other

CERTIFICATE HOLDER INFORMATION

Individual, Company or Organization to Whom We Will Provide Evidence of Coverage
Certificate of Insurance will be issued as entered below

Certificate Holder Name* _____ Mailing Address* _____

City* _____ State* _____ Zip* _____

Either Fax OR Email required: Fax _____ Email _____

Preferred Delivery Method* Fax to Holder Email to Holder Postal Mail to Holder

SPECIAL REQUIREMENTS AND ENDORSEMENTS

General Liability

- Evidence of Insurance Only
- Additional Insured
- Additional Insured (Completed Ops)
- Waiver of Subrogation
- Primary Language
- No Special Requirements

Worker's Compensation

- Evidence of Insurance Only
- Waiver of Subrogation
- No Special Requirements

Commercial Auto

- Evidence of Insurance Only
- Additional Insured
- Waiver of Subrogation
- Loss Payee
- No Special Requirements

Property/Equipment

- Evidence of Insurance Only
- Loss Payee
- Mortgagee
- No Special Requirements

CANCELLATION NOTICE REQUIREMENT

Additional premium may apply.

Notice of Cancellation to Holder - Policy Endorsement Yes, send cancellation notice

PROJECT INFORMATION

Required for Additional Insured and Waiver of Subrogation

Do you have a written contract in place for this project with the certificate holder listed above? Yes No

Please enclose any pertinent documents and special instructions