

CERTIFICATE REQUEST FORM

<<<<< Fax this form to Bolds Insurance Brokerage - Fax (415) 485-1866 >>>>>

◆ Insured Information

Name: _____

Requested by: _____ Date: _____

◆ Certificate Holder Information

Name: _____

Address: _____

Relationship: General Contractor Property Owner/Manager
 Lender Landlord of Rented Premises
 Retail Supplier Other (explain) _____

◆ Reference (specific location, project, automobile, etc)

\$ _____

Contract Price/Value

Start Date

Will job involve **new work** on Tract Homes Apartments
 Condo/Townhse Apt/Condo/Loft Conversion

◆ Coverage to be shown on Certificate

General Liability* Automobile*
 Workers Compensation* Umbrella/Excess Liability*

◆ Special Requirements (must be approved by insurance company)

Additional Insured: >>(provide copy of lease, contract or agreement)
 Primary Wording: >>(provide copy of lease, contract or agreement)
 Waiver of Subrogation: >>(provide copy of lease, contract or agreement)
 Per Jobsite Aggregate: >>(provide copy of lease, contract or agreement)
 Other _____

*Only coverage arranged through **Bolds Insurance Brokerage** can be included on the certificate

Bolds Insurance Brokerage – 1447 Fourth Street, San Rafael, CA 94901
Tel :(415)485-1700 - Fax:(415)485-1866