

Underwriter Approved?
YES NO



CERTIFICATE OF INSURANCE REQUEST FORM

Insured/Policyholder/Agency Information

Date of Request

Policy Number

Requestor's Name
(Must be Policyholder or Agency Rep)

Agency Producer Code

Insured Business Name

Yes No

Business Phone Number

Other State's Coverage?

Yes No

Yes No

Waiver of Subrogation (WC 00 03 13)?

Include Waiver of Subrogation Information on COI?

Certificate Holder Information

All fields are MANDATORY for Out of State Certificate Holders when work is performed outside MD!

Certificate Holder's Name:

Certificate Holder's Address

Is this the Certificate Holder's Corporate Address? YES NO

Exact Address of Out of State Job Location (if applicable)

Out of State Job Duration

Start Date

End Date

Do you want the certificate faxed and/or
emailed to you?

Fax#:

Email Address

Do you want the certificate faxed and/or
emailed to the Certificate Holder?

Fax#:

Email Address

Please verify all information fields are LEGIBLE before request is sent. Thank you.

Certificates **CANNOT** be altered, amended or modified to include such things as an "**ADDITIONAL INSURED**"; change term dates; change COI provisions or *any other unique requests* made by the Policyholder or Certificate Holder, which includes cancellation dates.

Please **EMAIL** completed form to COI@ceiwc.com or **FAX** to 410-339-6732