

**Certificate of Insurance Request Form**  
*Email Request - info @thecapgroup.net*

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

Contact: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Total # of Pages: \_\_\_\_\_ Email Address: \_\_\_\_\_

***PLEASE ISSUE CERTIFICATE OF INSURANCE TO:***

Certificate Holder: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address of Holder: \_\_\_\_\_

**Please  check one of the following.\***

\_\_\_\_\_ Additional Insured \_\_\_\_\_ Loss Payee \_\_\_\_\_ Mortgagee \_\_\_\_\_ Lienholder

Do you require a waiver of subrogation?  YES  NO

Please select one of the following: \_\_\_\_\_ General Liability \_\_\_\_\_ Worker Compensation

\*If you have checked one of the choices above, please provide a complete description with supportive documentation with regard to: Location Address, Loan #, Auto Info, Equipment Item(s), Lease#. Event, Contract details including the "scope of work" for underwriting review and approval. \*This documentation is required to complete the certificate request.

\_\_\_\_\_  
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Please allow 48 hours for review, approval and/or completion of your certificate request.  
Thank you for your cooperation.