



RISK MANAGEMENT  
INVESTMENTS  
BENEFITS  
RETIREMENT  
HR TECHNOLOGY



## Certificate of Insurance Request Form

Named Insured: \_\_\_\_\_

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

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

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

Complete  
Address: \_\_\_\_\_

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

**Certificate requests that include the requirements listed below please note the following:**

- Additional Insured
- Waiver of Subrogation
- Primary & Non-Contributory
- Other Special Contract Language
- Loss (Lender) Payee

✓As the insurance carrier can only go by what is actually in the contract, the contract must include the requested additional insured, primary non-contributory and waiver of subrogation wording.

✓Without this in place, the insurance carrier will not approve the extension of coverage to the certificate holder. With that, we would ask that you please provide a copy of the **contract's indemnity agreement, insurance requirements and scope of work.**

✓Lastly, we are required by the insurance carrier to review these details to ensure the policy limits and conditions are in accordance with the contractual requirements. In many instances, insurance carrier approval is required. Thank you for your cooperation.

301-214-7666 – Main  
888-569.3027 – Fax

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**\*\*\*Please allow 48 business hours for all Certificate of Insurance Requests\*\*\***