

INNOVATIVE INSURANCE CONSULTANTS
CERTIFICATE REQUEST FORM

NAME OF INSURED (YOUR COMPANY NAME)

CERTIFICATE HOLDER NAME

STREET ADDRESS

CITY

STATE

ZIP

FAX# / E-MAIL ADDRESS

ATTN: (WHO??)

ADDITIONAL INSURED
YES

ADDITIONAL INSURED
NO

ADDITIONAL INSURED INFO. (NAME, ADDRESS - OR SAME AS ABOVE)

JOB SITE INFORMATION

SPECIAL REQUIREMENTS:

IF YOU ARE WORKING UNDER A CONTRACT WHICH REQUIRES SPECIAL INFORMATION TO BE LISTED ON A CERTIFICATE OF INSURANCE, PLEASE FAX A COPY OF THOSE REQUIREMENTS ALONG WITH THIS REQUEST, SO THAT WE MAY BETTER SERVE YOU.

FAX ALL REQUESTS TO: 954-340-9456

OR E-MAIL CERTIFICATE@INNOVATIVE-INSURANCE.COM

OR GO TO: WWW.INNOVATIVE-INSURANCE.COM & CLICK "REQUEST A CERTIFICATE"