



REQUEST for CERTIFICATE of INSURANCE

e-mail to: wareco@wareinsurance.com
OR fax the completed form to (757) 671-9073

Date of Request: _____
Insured/Policy Holder's Name: _____
Insured's Phone: _____
Person at: _____ Requesting the COI: _____
E-mail address of person requesting: _____

Certificate Holder (Company or Individual requesting certificate):

Business Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
E-mail address or fax number of holder: _____
Reference: _____

_____ **Please review attached contractual wording**

Add the following (*additional charge may apply*):

_____ **Additional Insured** (General liability): _____
_____ **Waiver of Subrogation** (General Liability): _____
_____ **Waiver of Subrogation** (Workers Compensation): _____

Required Information for Waiver of Subrogation on Workers Compensation:

Length of Job: _____
Address of Job: _____
Description of Job: _____

_____ **Other** (please provide details OR attach request): _____

Commonwealth Contractors Group Customers: for out of state jobs, refer to the CCGSIA out of state policy that will be attached to the certificate of insurance.

NOTE: A copy of the certificate will be sent to you.