

CERTIFICATE OF INSURANCE REQUEST FORM



Please complete all sections of the form. All requests are reviewed by a CITA representative.

Date of Request: _____

Policy Number: _____

Insured Name: _____

Requested By: _____
Name Title

_____ Email Address or Fax Number Phone Number

Requested For: _____
Name of Certificate Holder ☐ Address same as shown on Policy

_____ Address 1 Address 2

_____ City ST Zip

Required for Specific Individual? ☐ Yes ☐ No If yes, provide Name (if different from above) _____

Individual requesting a Certificate of Insurance is an: (select one)

- ☐ Owner/Partner/Principal/Employee of the Named Insured
- ☐ Independent Contractor **exclusively** doing business on behalf of the Named Insured
- ☐ Independent Contractor **NOT exclusively** doing business on behalf of the Named Insured
- ☐ Other (provide details): _____

Important Note: Coverage is provided only for Professional Services performed for or on behalf of the Named Insured and is subject to all the terms, conditions and exclusions of the policy. Refer to policy for details.

Return Certificate of Insurance Request Form by:

Email: pc@citainsurance.com
or
Fax: 714-978-2692