

Certificate Request Form CR09

Date: _____ Policyholder Name: _____
 From: _____

To request certificate please fill out this form and fax to (714) 573-7202 or e-mail to your CSR.
 Please feel free to contact Metro Insurance (714) 573-7200 with your request if you have an immediate need.

Certificate Holders Name: _____
 Attention: _____
 Address: _____
 City, State, Zip: _____
 Phone/Fax #: _____
 E-Mail Address: _____

Additional Insured Endorsement for: **YES** **NO** (NO OCIP OR "WRAP-UP" JOBS ALLOWED)
 Commercial Auto Policy
 General Liability Policy **If YES = Please provide the following:**

The information below must be completed to issue or request a General Liability Additional Insured Endorsements:

Project #, Name and address: _____
 Start Date: _____ End Date: _____
 1. Interest of Additional Insured: Jobsite Landlord Vendor Other. Explain: _____
 2. Type of Job: Commercial Residential Industrial Other, explain: _____
 3. **If residential**, indicate one of the following: Condos Townhouses Apartments PUD'S
 4. **If residential**, you were hired by: Association Unit Owner Other, explain: _____
 5. **If apartment**, is any of the work new construction: Yes No Project Cost: \$ _____
 6. Description of your operations @ this job: _____

Primary and Non-Contributory Wording: **YES** **NO** (NO OCIP OR "WRAP-UP" JOBS ALLOWED)

Waiver of Subrogation for: (NO OCIP OR "WRAP-UP" JOBS ALLOWED)
 General Liability Policy
 Work Comp Policy **If YES = Please provide the following:**

Beginning date of project: _____
 Ending date of project: _____
 Payroll for project: \$ _____

Modified Cancellation Clause

Comments, special wording, or further instruction:

FAILURE TO FULLY COMPLETE THE ABOVE INFORMATION COULD DELAY ISSUANCE
 This certificate will be mailed unless otherwise indicated.