

CERTIFICATE REQUEST FORM

Please Email Back to: certs@orrandassociates.com

Call (800) 311-3081 ext.110 with questions.

Your Name and DBA: _____

Policy Number(s) (if available): _____

Phone Number: _____

Email Address: _____

- Do you need:

An **Evidence of Coverage** certificate (EOC) or

A Certificate with your client's name on it (**Cert Holder**) or

A Cert Holder listed as **Additional Insured** (AI)?

- How do you want us to send you a copy (fax or email)? _____

- Cert Holder or Additional Insured's name and address: _____

- Jobsite Address (If needed on cert. If caterer, list event location): _____

- Jobsite Information (if needed on cert): _____

- *Residential:* New Construction Remodel/Addition Work

- *Commercial:* New Construction Remodel/Addition Work

- *Caterer:* Event Date _____

- Start Date: _____

- Specific Work Being Done: _____

- How do you want us to send your client a copy? Fax or email. _____

- Choose relationship to insured: Owner General Contractor Lender

Note: Please send this with any Special Wording or Insurance Requirements from your clients.

This form may also be faxed back to: (800) 474-3003



Orr & Associates Insurance Services

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