



# CERTIFICATE REQUEST FORM



## INSURED INFORMATION

Name: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: \_\_\_\_\_

## CERTIFICATE HOLDER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email to:\* \_\_\_\_\_

*\*Required*

Email to insured (renewal to holder)

## ADDITIONAL INSURED (if different than Certificate Holder)

Refer to attached agreement

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCE

(Property Address, Job Address, Automobile, other)

\_\_\_\_\_  
\_\_\_\_\_

Jobsite

Leased Premises

Other (describe): \_\_\_\_\_

## COVERAGE REQUIRED

Only coverage arranged through Bolds Risk can be included

General Liability

Automobile

Workers Compensation

Umbrella/Excess Liability

Other (describe) \_\_\_\_\_

## SPECIAL REQUIREMENTS

Attach copy of contract or agreement/ additional premium charge may apply

Additional Insured

Waiver of Subrogation (select below)

Primary Wording

General Liability

Per Project Aggregate

Workers Comp

OCIP (provide copy of agreement)

Automobile

### Bolds Risk & Insurance Services

101 Larkspur Landing Circle, Ste 222

Larkspur, CA 94939

(415) 461-7475

### EMAIL THIS FORM TO

[certificate@boldsrisk.com](mailto:certificate@boldsrisk.com)

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