



## Certificate Request Form

**\*\*Note: The information in bold lettering is REQUIRED. We cannot issue a certificate without it!**

**Your Company Name (The Insured):** \_\_\_\_\_

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

**Company Address:** \_\_\_\_\_  
\_\_\_\_\_

**Company Fax #:** \_\_\_\_\_ **Company Phone #:** \_\_\_\_\_

The following information pertains to the certificate holder (generally the company or person who requested the certificate from you).

**Certificate Holder Name:** \_\_\_\_\_

Should this go to anyone's attention specifically? \_\_\_\_\_

**Certificate Holder Address:** \_\_\_\_\_  
\_\_\_\_\_

Cert. Holder Fax # (if available): \_\_\_\_\_

**Should this certificate holder be additional insured?**     Yes     No

Any additional entities to be added in the description?

Additional Entity	Should they be Add. Insured?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fax this form to Brown & Brown Insurance Agency of Virginia, Inc.. Fax # 703-361-5182  
If you have any questions, please call your Account Manager.**

# Sample- Certificate of Insurance

What goes where?

**Client name and address.**  
(The insured)

**Coverages to be certified.** (Policy information would be here.)

**Description of Operations-** project or additional parties included on certificate; any additional wording

**Certificate Holder-** Name and address are required. Generally, this is the person who asked for the certificate.

**# Days notice:** Generally this is automatically completed for you; if you have a special request for a different number of days, let us know!

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE ISSUED				
<b>PRODUCER:</b> Brown & Brown of Rochester 45 East Avenue Rochester NY 14604 Phone: 585-232-4424 Fax: 585-232-5813 WWW.BB		POLICY NO. TEST 3-C-1 DATE 10/28/04				
<b>INSURED:</b> Test Client 45 East Avenue Rochester NY 14604		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT ALTER, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
<b>COVERAGE:</b> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. COVERAGE LIMITS SHOWN HAVE BEEN REDUCED BY PAYS CLOSURE.		INSURERS AFFORDING COVERAGE: INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:				
TYPE	TYPE OF COVERAGE	POLICY NUMBER	INSURANCE COMPANY	COVERAGE PERIOD	COVERAGE LIMIT	COVERAGE TYPE
X	GENERAL LIABILITY					EACH OCCURRENCE (Per occurrence)
	COMBINED GENERAL LIABILITY					AGGREGATED (Per aggregate)
	<input type="checkbox"/> CLEARANCE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL AND GENERAL LIABILITY PRODUCTS-COMPLETED OPERATIONS
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SHARED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per occurrence) BODILY INJURY (Per person) BODILY INJURY (Per occurrence) PROPERTY DAMAGE (Per occurrence)
	<input type="checkbox"/> ANY AUTO GARAGE LIABILITY					AUTO ONLY - EX ACCIDENT OTHER THAN AUTO
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLEARANCE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION, P.L.E. EMPLOYERS LIABILITY EMPLOYERS LIABILITY SPECIAL PROVISIONS below					WORKERS COMPENSATION EMPLOYERS LIABILITY EMPLOYERS LIABILITY SPECIAL PROVISIONS below
LOCATION OF OPERATIONS:						
<b>CERTIFICATE HOLDER:</b> SAMPLE CERTIFICATE		<b>CANCELLATION:</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE COMMENCEMENT OF THE POLICY, THE ISSUING INSURER WILL endeavor to MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. FAILURE TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ISSUING INSURER, ITS AGENTS OR REPRESENTATIVES.				
ACORD 201 (REV. 1/98)		ACORD 201 (REV. 1/98)				