

DOHN & MAHER ASSOCIATES

4811 Emerson Avenue, Suite 102

Palatine, IL 60067

(847) 303-6800 Fax: (847) 303-6963

Email requests – certificates@dohn.com

Date ____/____/____

CERTIFICATE OF INSURANCE REQUEST FORM:

Insured _____

Certificate Holder _____
(Include Address)

Certificate Holder
Delivery Method: Mail ____ Email ____ Fax ____ (provide email address or phone as needed below)

Check here if you will deliver original to certificate holder _____

Job Description _____

Special Instructions _____

Additional Insureds _____

Additional Insured GL: _____ Auto: _____ Umbrella: _____

Waiver of Subrogation GL: _____ Auto: _____ WC: _____

IMPORTANT: Please attach a copy of the insurance requirement section of the written contract for review. Note your insurance policies may contain provisions that will only provide coverage for Additional Insured's, Waiver of Subrogation, etc... as required by written contract only. If you request special wording on the certificate and you have not been required in a written contract your insurance policies may contain exclusions.

DISCLAIMER: The Certificate of Insurance issued does not constitute a contract between the issuing insurers, authorized representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed on the Certificate of Insurance.