



## Certificate of Insurance Request

In order to request evidence or proof insurance, companies require your request in writing. **Fax to Mosinee Insurance 715-693-2538.**

Insured Name \_\_\_\_\_ Requested by \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Account # \_\_\_\_\_

### Coverage Requested

Property  *Proof of coverage only (Additional Interest section to be used for Mortgagee/Loss Payee)*  
General Liability  *Proof of coverage only*  *Additional Insured*  
Automobile  *Proof of coverage only*  *Additional Insured*  
Workers Comp  *Proof of coverage only*  
Umbrella  *Proof of coverage only*

Project Name (if applicable) \_\_\_\_\_  
Project description (installing, delivering, furnishing materials, etc.) \_\_\_\_\_

### Certificate Holder

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### Additional Interest (Property Coverage only)

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Mortgagee:  Loss Payee:   
Location No(s). applicable: \_\_\_\_\_  
Coverage applicable: \_\_\_\_\_  
Applies to: (must be filled in for loss payee) \_\_\_\_\_

Approx Value: \$ \_\_\_\_\_