Certificate of Insurance Request Form

To: *Horenberg Insurance Services, Inc.* **Fax No.:** *(301) 587-8105*

Attention: _____ **No. of Pages** (including cover): _____

From: _____ _____
Name Company

_____ _____
Phone No. Fax No.

Issue Certificate For :

Name (s):		
Contact:	Fax No.:	
Street Address:		
City:	State:	Zip:
Subject Reference: (i.e. Location Address, Contract No., Lease No. Vehicle Description, etc.)		
Handling Instructions: ☐ Send the original to the certificate holder and a copy to us by regular mail ☐ Other (Describe in Comments)		
Relationship of Certificate Holder to Your Company: ☐ Client ☐ Leasing Company ☐ Lender ☐ Landlord ☐ Other (Describe in Comments)		

Type of Certificate Requested:

☐ **Standard** (For verification of primary insurance policies only—no Additional Insured or other modifications.)

☐ **Special** (For requesting Additional Insured, Loss Payee or other special terms. Indicate requirements below or attach a copy of the certificate request or the pertinent pages of any related lease or contract.)

☐ Additional Insured ☐ Loss Payee ☐ Other (Describe in Comments)

Comments:

Important Note: *Certificate terms and conditions and related coverage requests may require the approval of the insurance company and are not automatic. Coverage evidenced by a Certificate of Insurance is subject to the policy terms and conditions, insurance company approval, issuance of applicable endorsements, and payment of any premium charges.*