



REQUEST FOR CERTIFICATE OF INSURANCE

Send Completed Request Form to Susan Ross
Sprague Israel Giles, Inc. 1501 4th Ave #2000 Seattle WA 98101
Fax: 206-682-4993 Email: sross@siginsures.com

1. About You:

Name: _____ Email address: _____
Business Name: _____
Business Address: _____
Street City State Zip
Phone: _____ Fax Number: _____

2. Required Certificate Information:

Person or entity requesting the Certificate of Insurance, as it needs to appear on the Certificate:
Name: _____
Attn: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax Number: _____

3. Your Relationship With the Person/Entity Asking For The Certificate and the Reason They Are Asking:

4. What Is Their Interest? (Check as needed)

[] Requesting Proof of Coverage Only [] As an Additional Insured
[] As a Loss Payee [] As a Mortgagee

5. Liability Limits Required by Certificate Holder:

\$ _____ Per Occurrence
\$ _____ Aggregate
\$ _____ Auto

6. If Applicable:

Please forward a copy of the portion of the contract that outlines the insurance requirements from the party requesting the certificate.