

# SPRAGUE ISRAEL GILES INC. Insurance

2000 Century Square 1501 Fourth Avenue Seattle, WA 98101  
Phone 206-623-7035 Fax 206-682-4993

## REQUEST FOR CERTIFICATE OF INSURANCE

Date: \_\_\_\_\_

To: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

From: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

*(if required)*

Name and address of person or entity requesting certificate of insurance, as it needs to appear on the certificate:

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

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Special Requirements:

Additional Insured? \_\_\_\_\_ Loss Payee? \_\_\_\_\_

Interest/reason for certificate? (i.e. property address, loan #, special event, project, etc.)

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**\* If applicable, forward a copy of the portion of the contract which outlines the insurance requirements from the party requesting the certificate.**