

ISU Massie & Beck Insurance Services  
3470 Mt. Diablo Blvd., Suite A300  
PO Box 1272  
Lafayette, CA 94549

Phone: 925-283-5750  
Fax: 925-283-5751

**CERTIFICATE OF INSURANCE REQUEST FORM**

Date: \_\_\_\_\_ Person Requesting Certificate: \_\_\_\_\_

Insured: Superior Elevator Inspections, LLC.

Certificate Holder: \_\_\_\_\_

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

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

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

Re: Job Location(s) \_\_\_\_\_

\*Additional Insureds (this MUST be required by written contract): \_\_\_\_\_

\*Waiver of Subrogation Required? \_\_\_\_\_ Which Policies? \_\_\_\_\_

\*Other Requirements Needed: \_\_\_\_\_

**Mailing Instructions:**

Original to Certificate Holder: \_\_\_\_\_ Original to Insured: \_\_\_\_\_

Fax Certificate Holder: ( ) \_\_\_\_\_ Fax Insured: ( ) \_\_\_\_\_

Other Specific Mailing Instructions: \_\_\_\_\_

**\*A copy of the insurance requirements is needed for any modifications to standard certificates. Additional Insured status is VOID if not required by contract with your customer.**