

# Affiance Insurance Agency, LLC

## Certificate Request Form

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

Date Requested: \_\_\_\_\_ Requested by: \_\_\_\_\_

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

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

Fax # or email to send to: \_\_\_\_\_

Does Certificate Holder need to be listed as Additional Insured:    YES    NO

If yes, which policy do they need to be listed on:

General Liability

Commercial Auto

Workers Comp

Motor Truck Cargo

Does Certificate Holder need to be listed with a Wavier of Subrogation:    YES    NO

If yes, which policy do they need to be listed on:

General Liability

Commercial Auto

Workers Comp

Motor Truck Cargo

Does Certificate Holder need to be listed as Loss Payee:    YES    NO

If yes, which unit does this apply to: \_\_\_\_\_

X \_\_\_\_\_ supervisor signature & date