



WHAT WE NEED TO CREATE:

CERTIFICATES OF INSURANCE

- **CERTIFICATE HOLDERS FULL NAME AND ADDRESS**

PLEASE INCLUDE THE LOCATION ADDRESS WITH THE CITY, STATE
AND ZIP CODE

- **HOW DO THEY NEED TO BE LISTED**

THE EXACT WAY THEY WANT TO BE LISTED AS THE COI HOLDER

- **IS THERE ANY SPECIAL WORDING THAT
NEEDS TO BE INCLUDED**

THIS DOESN'T ALWAYS GET REQUESTED BUT SOMETIMES IT DOES, IF SO
PLEASE BE AS SPECIFIC AS POSSIBLE

- **DO THEY HAVE A SAMPLE OF WHAT THEY
WANT THE CERTIFICATE TO READ LIKE?**

THIS ALWAYS HELPS ESPECIALLY WHEN THEY ARE SUPER
SPECIFIC ON HOW THEY WANTED TO BE LISTED

- **ANY SPECIAL INSTRUCTIONS THAT
WE NEED TO KNOW?**

ANYTHING ELSE THAT WE NEED TO KNOW TO MAKE
THE COI PROCESS FOR THIS HOLDER AS CLEAN AND AS
EASY AS POSSIBLE

EMAIL THE REQUESTS TO:

EMILY'S EMAIL

JASON'S EMAIL