

Client Name: _____

REQUEST FOR CERTIFICATE OF INSURANCE

DATE: _____

TO: **DiBuduo & DeFendis**

Attn:

PAGE 1 OF _____ (including this page)

FROM: _____

CERTIFICATE
HOLDER:

PROJECT
REFERENCE:

SPECIAL
INSTRUCTIONS:

- | | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | | Name cert holder as additional insured |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> | | Attach actual endorsement |
| <input type="checkbox"/> | | 30 day notice of cancellation |
| <input type="checkbox"/> | | Owner as Additional Insured: |
| | | _____ |
| <input type="checkbox"/> | | Waiver of Subrogation (WC or GL) |

***Attach request from the contractor if special wording is required**