



Certificate of Insurance Request — Form

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305 17th Street, Huntington Beach, CA 92648

Requestor's Information:

Business Name: _____

Requestor's Name: _____ Date: _____

E-mail: _____

Phone: _____ Fax: _____

Certificate Holder's Information:

(Who the certificate will be issued to) Name _____

Address _____

City, State & ZIP _____

Fax _____

E-mail _____

Job Name _____

Job Address _____

Certificate Holder Requires the Following Coverages:

*** Note:** Some companies charge additional premium for additional insured endorsements or special wording requirements.

General Liability

Workers' Compensation

Auto Liability

Excess Liability

Other: _____

Please include copy of the insurance requirements.

Certificate Holder requires being named as additional insured: * Yes No

Comments, Special Wording or Special Handling (primary wording, non-contributory wording, waiver of subrogation, etc...): *

Signature: _____

Send Request To:

Bannister & Associates Insurance Agency, Inc.

305 17th Street, Huntington Beach, CA 92648

Phone: 714-536-6086 **Fax: 714-536-4054**