



Fax completed request to 410-876-9954
Or
Email to: crsmith@thebarbourgroup.com

INSURANCE CERTIFICATE REQUEST FORM

INSURED

Business Name: _____
Address: _____
City, State, Zip: _____
Requestor Name: _____ Title: _____
Phone # _____ Email: _____

HOLDER

Business Name: _____
Address: _____
City, State, Zip: _____
Contact Name: _____ Title: _____
Phone # _____ Email: _____

OTHER CERTIFICATE INFORMATION

Reference or Special Wording required on Certificate? (job number, project name, vehicle, etc)

LOSS PAYEE AND/OR ADDITIONAL INSURED

Is Holder Loss Payee? Yes No
If YES, what is their interest (lienholder on lease property, vehicle, etc.)? _____
Is Holder Additional Insured? Yes No
If YES, what is their relationship to the Insured? _____

OTHER REMARKS OR SPEICAL HANDLING INSTRUCTIONS

Name of your Customer Service Representative: _____