

Roofers Alliance

6049 Douglas Blvd, Ste 4

Granite Bay, CA 95746

(916) 797-5500 Phone

(916) 797-5357 Fax

(888) 644-4600 Toll Free

INSURANCE CERTIFICATE REQUEST FORM

DATE: _____

INSURED: _____

REQUESTED BY: _____

PLEASE BE SURE TO CHECK INSURANCE REQUIRMENTS PRIOR TO SIGNING ANY CONTRACTS TO ENSURE CURRENT COVERAGE MEETS MINIMUM SPECIFICATIONS. ATTACHED SPECIFIC INSURANCE REQUIREMENTS AND WORDING FOR FASTEST SERVICE. FOR ADDITIONAL INSURED'S WRITTEN CONTRACT MUST BE SIGNED FOR ADDITIONAL INSURED ENDORSEMENT TO EFFECT COVERAGE FOR THE REQUESTING PARTY, IE: GENERAL CONTRACTOR OR OTHER ADDITIONAL INSURED'S

CERTIFICATE HOLDER: _____

ADDRESS: _____

HOLDER'S CONTACT NAME: _____

PH #: _____ FAX#: _____

PROJECT NAME/LOCATION: _____

ADDITIONAL INSURED? YES _____ (WRITTEN CONTRACT REQUIRED) NO _____

PRIMARY AND NON-CONTRIBUTORY? YES _____ NO _____

WAIVER OF SUBROGATION? YES _____ NO _____ GL _____ WC _____

WRITTEN CONTRACT EXECUTED? YES _____ NO _____

FAX/EMAIL COPY TO CERTIFICATE HOLDER: _____ NO _____ YES _____

FAX/EMAIL COPY TO YOU: _____ NO _____ YES _____

SPECIAL REQUIREMENTS ATTACHED: _____ YES _____ NO _____

NUMBER OF PAGES _____ INCLUDING COVER