

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

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