



Certificate of Insurance Request Form

Today's Date				SUBMIT TO: INFO@MAD-INSURANCE.COM
Request Type:	<input type="checkbox"/> NEW	<input type="checkbox"/> RUSH	<input type="checkbox"/> REISSUE	(attach certificate)

Account Name:		Client Code:	
Named Insured:			
Name: Street Address: City, Zip & State:			

Certificate Holder:	<input type="checkbox"/> Include at Renewal	<input type="checkbox"/> Exclude at Renewal		
Name: Additional Name: Attention: Street Address: City, State & Zip:				
Cert Delivery (if different to Default)	<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:	<input type="checkbox"/> US Mail	<input type="checkbox"/> Save Only

Coverage (Check the boxes that apply)			
Coverage	Additional Insured (if applicable)	Waiver of Subrogation (if applicable)	Loss Payee (if applicable)
<input type="checkbox"/> General Liability	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Auto Liability	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/>	
<input type="checkbox"/> Umbrella/Excess		Limits:	
<input type="checkbox"/> Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	

Description (DOO): <i>i.e., Event Description or Dates or Project, Contract, or Vendor Number etc.</i>
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Special Instructions: <i>(Contract or Sample Certificate Attached? Include any Other Pertinent Info to this Request.)</i>
(Email / fax subject line if different to Default):