

CERTIFICATE OF INSURANCE REQUEST FORM

GROSSLIGHT INSURANCE, INC. 1333 WESTWOOD BLVD, LOS ANGELES, CA 90024 P# (310) 473-9611 F# (310) 312-4993

Please complete and fax this form to (310) 312-4993. If you have any other documentation please fax that along with this form.

Insured: _____ **Date:** _____

Certificate Holder

Certificate Holder Name: _____

Attention: _____

Full Mailing Address: _____

Fax # / Email: _____

- Coverages:**
- General Liability*
 - Auto*
 - Excess Liability*
 - Workers Compensation*
 - Other:* _____

- Include:**
- Additional Insured*
 - Loss Payee*
 - Primary*
 - Waiver of Subrogation (General Liability only)*
 - Waiver of Subrogation (Workers' Comp. only)*

**Additional Premium May Apply*

AI Wording: _____

Other Endorsements: _____

