

# Request for Certificate of Insurance &/or Additional Insured Endorsement

Name of the Brokerage: **ONYX Financial & Insurance Services** Fax #: 866-560-3736 Ph #: 800-493-0727

Insured Name (DBA): \_\_\_\_\_ Insured's Fax #: \_\_\_\_\_  
Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

### Requesting....

- Simple Proof of Insurance indicated on the Certificate of Insurance **without** any Certificate Holder.  
 Cert. of Insurance for Certificate Holder (same as above but will have the requestor's name on the proof of insurance.)  
 Certificate of Insurance with an Additional Insured Endorsement (may be a fee)  
Is Primary Wording Requested?  Yes  No (may be another fee) **(not available w/all carriers)**  
Is a Waiver of Subrogation Requested?  Yes  No (may be another fee) **(not available w/all carriers)**

### Name, Address, Phone Number & Fax Number of the Certificate Holder &/or Additional Insured:

(Enter below for whom you are requesting the cert or additional insured – **NOT** your information.)

Name: \_\_\_\_\_

Address: -. \_\_\_\_\_

City \_\_\_\_\_ State . \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Lic. # (if contractor): \_\_\_\_\_

**VERY IMPORTANT:** If you are not sure if you must pay any fees, call us or your agent **FIRST** or

**Mark all that apply:** Fax to holder , Mail to holder , Fax to me , Mail to me

Nature of work and type of work to be performed by the insured for Additional Insured &/or Cert. Holder. Please explain in detail: \_\_\_\_\_

Does the work to be performed involve new construction?  Yes  No

If Yes, please explain what type of new construction (i.e. residential, commercial, condos, town homes, tract homes, and municipal buildings): \_\_\_\_\_

Describe the Additional Insured/Cert. Holder relationship to the Insured (i.e. General Contractor or Home Warranty Company, Project Owner, Property Owner): \_\_\_\_\_

Does the Additional Insured carry General Liability Insurance?  Yes  No

If No, please explain: \_\_\_\_\_

Project Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Cost: \$ \_\_\_\_\_ Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Please attach additional Instruction information that is requested by the Additional Insured or Certificate Holder.**

Note: Some endorsements may require additional premium. ALL REQUESTS ARE SUBJECT TO APPROVAL BY THE CARRIER

### Certificate Department:

Please make sure that a Certificate is also issued on my following policies (please indicate below):

Auto:  Work Comp: -- Other: \_\_\_\_\_

**This Request is Urgent!!!**

X \_\_\_\_\_ Date: \_\_\_\_\_  
**YOUR SIGNATURE (person who completed this form)** **YOUR TITLE**

**To have your request processed please fax this form filled out to 1-866-560-3736**