

Specialty Contractors Insurance Services, Inc.

4420 Tya Lane Placerville, CA 95667

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Lic. #0E63484

Certificate of Insurance Request Form

Insured/DBA: _____

Effective Date of Request: _____

Type of Certificate

- Additional Insured
 Evidence of Insurance

Attn: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Name & Address of Certificate Holder:

Job Location:

Brief Job Description:

Contract Number (if applicable) : _____

Special Requirements ? (Endorsements, Instructions, etc)

Check all that Apply

- Primary Non-Contributory Wording
 Waiver of Subrogation
 Certificate Requirements Attached

Contract Cost: \$ _____

Comments:

