



License No. 0E83612

Certificate of Insurance Request Form

Certificate requested by:

Named Insured		Contact	
Date		Phone Number	

Issue Certificate to:

Certificate Holder	
Attention	
Street Address	
City, State, Zip	
Project Name/Job Number	

Include the Following Coverages (check box with an "X"):

Property		Workers Compensation	
General Liability		Excess/Umbrella	
Automobile		Professional Liability	

Special Instructions (check box with an "X"):

Additional Insured on the General Liability	
Primary & Non-Contributing wording on the General Liability	
Additional Insured on the Automobile Liability	
Waiver of Subrogation on the Workers Compensation	
Delete the "Endeavor to" wording	
Please specify if any forms are required to be attached to the certificate	
Copy of insurance requirements attached (recommended)	

Please mail, fax or email this request form to the address below. Unless otherwise requested, the original certificate will be mailed to the certificate holder within 48 hours (special requests may require insurance company approval). A copy of the certificate will be mailed to the named insured.

ACTION SPORTS INSURANCE SERVICES
 701 B Street, Suite 246
 San Diego, CA 92101
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