CERTIFICATE OF INSURANCE REQUEST FORM

Please send requests to Receivable@mate.inc or Fax to 410.820.9275

Date of Request: _____   Date Needed: _____

Requested by: _____

Insured's Name: _____

Insured's Address: _____

Reason for request (select one)

☐ Landlord   ☐ Job/Project   ☐ Proof of Insurance
☐ Equipment Lease   ☐ Mortgagee/Lender   ☐ Other (describe)_____
☐ Purchase Order   ☐ Auto Lease

Attach a copy of lease, purchase order or contract for our review ☐ Attached   ☐ Not Attached

Certificate Holder Information
Certificate Holder Name: _____
Certificate Holder Address: _____
Job/Reference #: _____
How would you like the Certificate of Insurance Sent to you?
Attention: _____
☐ Email: _____
☐ Mail: _____
Deliver to: ☐ Insured   ☐ Insured and Holder   ☐ Holder Only

Coverage Requirements

☐ General Liability   ☐ Auto Liability   ☐ Property

☐ Auto Physical Damage   ☐ Workers compensation   ☐ Umbrella/Excess Liabiltiy

☐ Other (describe) _____

Certificate holder should be listed as

☐ Additional Insured   ☐ Loss Payee   ☐ Other (describe) _____

Special Requirements

☐ Waiver of Subrogation   ☐ Per Project Aggregate   ☐ Other (describe) _____

Additional comments: _____

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