

**SAINT MOORE INSURANCE AGENCY
CERTIFICATE ORDER FORM**

Email Cert to cert@stmooreinsurance.com or FAX TO: 909/798-7068
(New Cert Revised Cert)

Date Cert Ordered: _____ Date Cert Needed: _____

Requested By: _____
(Your Company Name/Your Name)

Type of Coverage:
 Liability Auto Workers Comp Umbrella
 Renew Annually

IS THIS A WRAP PROJECT? YES NO
(OCIP PROJECT)

Certificate Holder=s Name and Address:

Additional Insured Names (Other than Cert Holder=s)

_____ Job #: _____ Tentative Start Date: _____
Duration: _____ mos. _____ wks.

Job Name: _____

Location: _____

G Special Requirements? (FAX INS. REQ. FROM YOUR CONTRACT)
G Additional Insured
A/I Form Number and Edition Date if shown in contract

G Primary Endorsement
G Waiver of Subrogation on General Liability
G Waiver of Subrogation on Workers Comp
G 30 Day Notice of Cancellation

Fax Cert To: _____ Fax no: # _____

Attn: _____ Name of Co. _____

Additional Information/Remarks:

