

CERTIFICATE of LIABILITY REQUEST FORM

Date: _____

Contact Name: Kim Walker
Address: 529 Forman Dr.
City, St. Zip: Campbell, CA. 95008
Phone: 408-358-1500
Fax: 408-358-2090
kim@thealarmcompany.com
larry@thealarmcompany.com

Berrian Insurance Group, Inc.
385 Inverness Pkwy, Ste. 280
Englewood, CO. 80112
Phone: 303-327-5991
Fax: 303-795-5833
certs@big-ins.com

New Certificate Request

Change Certificate Request

Please check for necessary wording:

- Evidence of Insurance
- Named as Additional Insured
- Additional Insured Endorsement (\$100 fully earned flat charge each)
- Primary, Non-Contributory Wording (\$400 fully earned flat charge each)
- Waiver of Subrogation (\$400 fully earned flat charge each)

Certificate Holder(s):

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Regarding/Job Site (if required on certificate): _____

Description of Work (if required on certificate): _____

Special Requirements or Wording (please verify with certificate holder):
