

INSURANCE CERTIFICATE REQUEST

To Brouwer Insurance Agency Ph (760) 745-5151 fax (760) 741-9308

Date: ____ / ____ / ____ Sender Name: _____

Your business name: _____

Phone (____) _____ Email: _____

Certificate holder name: _____

Address: _____

Email _____ fax #: (____) _____

What do they want? ____ Certificate of insurance only (no more info needed)

____ Certificate with Additional Insured (complete below)

Job location: _____

Start/finish dates: ____ --- ____ (best guess) Contract value: \$ _____

Describe your work for this job: _____

Does this involve new construction on apartments, condos or tract homes? (YES) (NO)

Special terms: (attach info from contract) _____

Send by: ____ Email / fax only ____ Mail original ____ Both

We will provide proof of insurance that you now have with Brouwer Ins. Additional insured and other endorsement forms may have additional charge.