

Buschbach Insurance Agency, part of the InsureOne Family
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REQUEST FOR CERTIFICATE OF INSURANCE

Submitted by _____

Date _____

Agency _____

Agency Code # _____

Named Insured _____

Company/Policy # _____

Certificate Holder – Name & Address

Is an Additional Insured Endorsement to this policy required? Yes No If Yes, please provide the following.
Please Note: An additional premium may apply

Additional Insured – Name & Address

Relationship to Insured _____

If Additional Insured is job related, complete the following:

Type of Work Being Done _____

Start/Finish Dates _____ Or Ongoing Job _____

Estimated Cost of Job \$ _____

Exact Location of Job _____

Remarks:

(Please include any special contractual requirements such as waiver of subrogation and/or primary/non-contributory wording)

Approved by _____

Date _____