

REQUEST FOR: Compass Direct Insurance Services Inc.

FAX #: (714) 665-9801;

EMAIL: jeremy@cdisi.com or nina@cdisi.com

Certificate of Insurance Request

From: _____ **Pages:** _____ **Date:** _____

Certificate Holder Information

Certificate Holder: _____

Contact Person: _____

Contact Phone: _____

Address of Certificate Holder: _____

Fax/Email to Cert Holder? Yes Fax # () - Email: _____

Fax/Email copy back? Yes Fax # () - Email: _____

Coverage Requested General Liability Auto Liability Workers' Compensation
 Excess Liability Inland Marine

Certificate Information:

Project/Job #: _____

Cert Holder's Project/Job #: _____

Job Description: _____

Additional Insured Requested For: General Liability Auto Liability
 Residential (On-going) Commercial (Completed)

Additional Insured(s) other than Certificate Holder and their interest (i.e. Contractor/owner), please specify exact name:

Waiver of Subrogation Requested For: General Liability Auto Liability Workers' Compensation

Other Requirements: X-out "Endeavor to", etc. Refer to attachments See additional notes below