



Certificate of Insurance Request

Complete this form and fax it to your local agent or email to info@richardsinsurance.com.

Insured Name:

Email:

Which location do you work with?

Name of Business:

Phone:

Certificate Holder Information

Company Requesting Your Certificate:

Contact Name:

Address:

Method of Delivery (Fax, Mail or Email):

Fax

Mail

Email

Contact Info for Delivery Method:

Reason for Certificate

Project Name and Description:

Certificate of Liability Insurance

Do you have a contract or agreement in place? Does it require any of the following?

Additional Insured:

- General Liability
- Auto
- Umbrella

Waiver of Subrogation:

- General Liability
- Workers Comp
- Auto
- Umbrella

Primary / Non-Contributory:

- General Liability
- Workers Comp
- Auto
- Umbrella

Evidence of Property Interest:

- Mortgagee
- Loss Payee
- Lender's Loss Payee

Special Instructions:

Fax completed request to:

Beaver Dam 920.887.2851
 Oshkosh 920.235.2516
 West Bend 262.334.5467

Columbus 920.623.5713
 Watertown 920.261.0209

Click button to email completed form.