



3309 56th St NW #101  
(253) 858-9988  
www.GigHarborAgency.com

**CERTIFICATE OF INSURANCE REQUEST FORM**

Please complete form and either email to: Emily@soundbiz.net

Date: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CERTIFICATE HOLDER NAME (who is requesting certificate) and ADDRESS (required)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTEREST OF CERTIFICATE HOLDER (check applicable choices)**

- Verification of Insurance
- Additional Insured\*  General Liability  Auto
- Loss Payee/Mortgagee\*
- Please see attached requirements from Certificate Holder

**\*VERY IMPORTANT: For all Additional Insured/Loss Payee/Mortgagee requests –  
Please provide additional information ie: project description, address, vehicle/equipment info**

\_\_\_\_\_  
\_\_\_\_\_

**WAIVER OF SUBROGATION**  General Liability  Auto  Workers Compensation\*

**\*If applicable, Workers Comp Waiver of Subrogation requests must include:**

Job Dates: \_\_\_\_\_

Job Payroll: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

E-MAIL TO CERTIFICATE HOLDER- Email: \_\_\_\_\_

FAX TO CERTIFICATE HOLDER - Fax#: \_\_\_\_\_

MAIL ORIGINAL TO CERTIFICATE HOLDER \_\_\_\_\_

**PLEASE NOTE THAT COPIES OF ALL CERTIFICATES WILL BE SENT TO INSURED**