

REQUEST FOR CERTIFICATE OF INSURANCE

Spectrum Risk Management & Insurance Services, LLC

74 Discovery

Irvine, CA 92618

Phone: (949) 756-5730 Fax: (949) 756-5740

Attn: _____

Insured: _____ Date: _____

Number of Pages: _____

*Please print this page, complete the following and fax the form to your Account Manager at Spectrum Risk Management & Insurance Services. **If you have a letter or contract outlining insurance requirements for this Certificate Holder, please fax it to us with this form.***

Certificate Holder Name: _____

Full Mailing Address: _____

Attention: _____

Fax Number / Email: _____

Borrower's Name: _____

Coverages: General Liability

Workers Compensation

Auto

Excess Liability

Include: Additional Insured Primary Wording Special Wording

Waiver of Subrogation (General Liability Only)

Waiver of Subrogation (Workers Comp. Only)

Location of Premises: _____

Check if applicable: New Location Refinance Impound Account

Closing Date: _____

Copies to: Property Manager Escrow Company Mortgagee

(List addresses on separate sheet of paper)