



Certificate of Insurance Request Form

Today's Date	SUBMIT TO: INFO@MAD-INSURANCE.COM
Request Type:	<input type="checkbox"/> NEW <input type="checkbox"/> RUSH <input type="checkbox"/> REISSUE (<i>attach certificate</i>)

Account Name:	Client Code:
Named Insured:	
Name:	
Street Address:	
City, Zip & State:	

Certificate Holder:	<input type="checkbox"/> Include at Renewal <input type="checkbox"/> Exclude at Renewal
Name:	
Additional Name:	
Attention:	
Street Address:	
City, State & Zip:	
Cert Delivery (<i>if different to Default</i>)	<input type="checkbox"/> Email: <input type="checkbox"/> Fax: <input type="checkbox"/> US Mail <input type="checkbox"/> Save Only

Coverage (Check the boxes that apply)			
Coverage	Additional Insured (if applicable)	Waiver of Subrogation (if applicable)	Loss Payee (if applicable)
<input type="checkbox"/> General Liability	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Auto Liability	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/>	
<input type="checkbox"/> Umbrella/Excess		Limits:	
<input type="checkbox"/> Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	

Description (DOO): <i>i.e., Event Description or Dates or Project, Contract, or Vendor Number etc.</i>

Special Instructions: <i>(Contract or Sample Certificate Attached? Include any Other Pertinent Info to this Request.)</i>

(Email / fax subject line if different to Default):