

FAX COVERSHEET

To: Winn & Co. Insurance Brokers

From: _____

Attn: Certificate Department

Fax: 831-630-0286

Date: _____

Subject: Insurance Certificate

Pages Incl. Cover:

- E-mail or Fax Certificate to Insured? # _____
- E-mail or Fax Certificate to Certificate Holder? # _____
- Attach a copy of the Insurance Requirements/Subcontractor's Agreement.

Certificate Information

1. Job# _____
2. Project Name/Location _____
3. Certificate Holder _____

4. Contractors Job# _____
5. General Liability Additional Insured: _____

6. Auto Liability Additional Insured: _____

6. Is a Loss Payable or Lenders Loss Payable endorsement being requested, if so indicate name as it is to appear on the endorsement _____

8. Coverage required and limits to be included on the Certificate of Insurance
Auto _____ General Liability _____
Umbrella/Excess _____ Property _____
Workers Compensation _____ Equipment _____
9. Is a Waiver of Subrogation required on:
Auto _____ General Liability _____
Workers Compensation _____ Other _____
10. Is Primary and Non-Contributory Wording required?
Auto _____ General Liability _____ Other _____
11. Is 30 Day Notice of Cancellation with required with Endeavor to Mail
12. But Failure to Mail wording "X" out _____ or is separate 30 Day Cancellation Clause Wording required? _____