



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

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[WWW.CSISONLINE.COM](http://WWW.CSISONLINE.COM)

## REQUEST FOR CERTIFICATE OF INSURANCE

**Email completed form to [certificates@csisonline.com](mailto:certificates@csisonline.com) or fax to 805-446-4881**

Policyholder/Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Full Name & Complete Mailing Address of the Certificate Holder (the party requesting the certificate)  
EXACTLY as you want it shown on the Proof of Insurance:**

Certificate Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Does the Certificate Holder require being listed as an ADDITIONAL INSURED? ☐ YES ☐ NO**

*Important: There is usually a charge for ADDITIONAL INSURED. NO CHARGE for certificate holder only.*

The Certificate Holder/Additional Insured is: ☐ General Contractor ☐ Retail Supplier  
☐ Home Warranty / Referral Firm ☐ Lender ☐ Property Owner/Mgr ☐ Public Entity/Permits  
☐ Landlord of Rented Premises ☐ Other: \_\_\_\_\_

***THE FOLLOWING INFORMATION MUST BE INCLUDED FOR ADDITIONAL INSURED.  
ADDITIONAL INSURED CERTIFICATES WILL NOT BE ISSUED WITHOUT THIS INFORMATION:***

### **SITE LOCATION INFORMATION (where you are doing the work):**

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Approx Start Date of Job: \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected Finish Date of Job \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide a detailed explanation of the job you will be doing: \_\_\_\_\_

Contract Value: \$ \_\_\_\_\_ Percent of subcontracted work (if applicable): \_\_\_\_%

Type of work subcontracted \_\_\_\_\_

Please attach any insurance requirements or special wording requirements you have received from the company for review. There may be additional charges associated with meeting some requirements.

All certificates will be delivered via email unless otherwise noted below:

☐ Fax to: (\_\_\_\_) \_\_\_\_\_ ☐ Email to: \_\_\_\_\_  
☐ Mail to Insured ☐ Mail to Certificate Holder