

Insurance Solutions Group
P.O. Box 80987
Las Vegas, NV 89180
Phone # 702-631-0878 Fax # 702-636-6692

REQUEST FOR CERTIFICATE OF INSURANCE

Date: _____

Insured name: _____

Requested by: _____

Phone #: _____ Fax #: _____

Check applicable:

___ General Liability

___ Auto Liability

___ Certificate holder to be named as Additional Insured

___ Workers Compensation

Certificate Holder Information: (must be complete to process)

Attention: _____ Fax: _____

Name: _____

Address: _____

City, State, Zip _____

Commercial Project _____ **OR** Residential Project _____

Name of Project: (This is required in order to process certificate.)

Project Involved in Wrap-Up/OCIP Program: Yes _____ No _____

Loss Payee Information (If Applicable)

RE: _____ Value: _____

FAX THIS REQUEST TO 702-636-6692

If you have any questions please call Insurance Solutions Group
@ 702-631-0878