



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # OD80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185
PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)
WWW.CSISONLINE.COM

REQUEST FOR CERTIFICATE OF INSURANCE

Fax this completed form to CSIS at 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 INSUREDS. 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 INSUREDS.
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 _____

Any special wording, requirements or instructions? _____

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.

Certificates are automatically mailed to both the insured & the certificate holder.
Please include any special delivery instructions here:

Fax to: (____) _____ Mail to: _____