



Certificate of Insurance Request Form

To:	_____	From:	_____
Company:	Welsch, Flatness & Lutz, Inc.	Date:	_____
Fax:	(314) 342-7170		

Requestor Information:

Company Name: _____

Requested By: _____

Date Needed: _____

Certificate Holder (entity to whom certificate will be issued)

Company Name: _____

Address: _____

City, State, Zip: _____

Attention: _____

Job Name: _____

Job Number: _____

Please complete the following or attach a copy of the insurance requirements for this project.

1) Are Additional Insureds required by contract? Yes No

List Additional Insureds: _____

Additional Insured applies to: General Liability Auto Liability

2) Are Additional Insureds to apply on a Primary Basis? Yes No

3) Is Waiver of Subrogation required? Yes No

If "yes", in favor of: _____

4) Cancellation provision changes required? Yes No

Special provisions: _____

Send certificate via: (check one)

- Mail to Certificate Holder
- Mail Original to Certificate Holder and fax copy to: _____ (fax number)
- E-mail Certificate to: _____ (email address)