

## CERTIFICATE OF INSURANCE REQUEST

**INSURED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**CERTIFICATE HOLDER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INSURED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE FAX TO:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**PLEASE FAX A RETURN RECEIPT: YES** \_\_\_\_\_ **NO:** \_\_\_\_\_

**HALLBERG COMMERCIAL INSURORS, INC.**  
**120 WEST 22<sup>ND</sup> STREET, SUITE 200**  
**OAK BROOK, IL 60523**  
**PHONE: 630-574-2022 FAX: 630-574-2036**

In order to process your certificate request, we need the following information:

1. Complete name and address including zip code of the certificate holder.

**If additional insured, primary, non-contributory and/or waiver of subrogation are requested, we also need the following:**

2. A description of the job.
3. The cost of the job.
4. How many days you will be at the job site.
5. If cost of job is more than \$10,000 or you will be at the job site more than 5 days, we will need a copy of the contract.

Please provide this information with your request for a certificate. This will help expedite your certificate issuance.