

Jackson-Lloyd Insurance Management



P.O. Box 187
Longview, TX 75606
PHONE: 800-657-5242 FAX: 800-933-8662



CERTIFICATE OF INSURANCE REQUEST FORM

Please complete ALL of the following information and fax to our office at the above number or email to: AdminTeam@Jackson-Lloyd.com (Please type or print legibly.)

Date: _____ Attn: Administration Department
From: _____ with: Agency or Insured or Holder
Phone: _____ Fax: _____
Insured: _____
Policy Number: _____

CERTIFICATE HOLDER INFORMATION:

Send Certificate to: _____
Attn (if any): _____
Street or P.O. Box: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Reference Jobs, Projects, Etc., (if needed):

Waiver of Subrogation: (select one) YES NO

- Certificate Holder **CANNOT** be named ***ADDITIONAL INSURED*** on this coverage.
- A certificate **CANNOT** be issued without **ALL** above information completed.
- If the policy is cancelled prior to the expiration date noted on the certificate, **notice will be delivered in accordance with the policy provisions.**

(This form may be reproduced on your computer or copied for future use.)