



ADDITIONAL INSURED/CERTIFICATE REQUEST FORM

Your Company Name: _____

Policy # _____

Phone# _____ Fax# _____

1. CERTIFICATE HOLDER / ADDITIONAL INSURED INFORMATION:

Name/Company: _____

Street: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

Does the certificate holder need be named as additional insured? Yes _____ No _____

If any special forms/or wording needed please put below:

Comments:

FAX BACK TO 858-513-4771 OR EMAIL TO MIDA@CORALPOINTINS.COM