



## Certificate of Liability Insurance Request Form

**Please use this form for all evidence of insurance or certificate requests. After completing all required information, please email this form to [arexrode@lighthouseunderwriters.com](mailto:arexrode@lighthouseunderwriters.com) or fax it to 703-770-0954. Please note that it can take up to 48 hours for certificate requests to be fulfilled and that completed certificates will be emailed to the email address provided on this form unless otherwise requested.**

Date: \_\_\_\_\_

Name of Insured Organization \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Organization that is Requesting Evidence of Insurance (Landlord, Lease Holder, Event Venue etc):**

Name: \_\_\_\_\_

Address:(please include City, State and Zip) \_\_\_\_\_

If you wish us to send the certificate directly to that organization please provide:

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

#### How the organization wishes to be listed on the certificate:

Additional Insured       Loss Payee       None (for organizations who only need evidence of insurance)

#### **Reference information**

Job/project/lease/contract/loan #: \_\_\_\_\_

If requesting a certificate of insurance for an event please provide:

Title of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Estimated number of attendees: \_\_\_\_\_

#### **Coverage Information (check if coverage needs to be evidenced)**

General Liability       Auto Liability       Auto Physical Damage       Excess (Umbrella) Liability  
 Workers Compensation/Employer's Liability       Property/Equipment       Other (specify below)

***Please attach any special certificate requirements to this request.***

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