

Requestor Information

Please enter information for the individual completing this form.

Individual Completing Form: Phone: Email Address:

Document Type

What type of document would you like issued?	<input type="checkbox"/> Confirmation of Coverage <i>(employee, allied health professionals, and physicians)</i>
	<input type="checkbox"/> Evidence of Insurance
	<input type="checkbox"/> Additional Insured Endorsement

Reissuance Status

Please indicate if you would like this document reissued for the next policy year:	Yes	No
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CONFIRMATION OF COVERAGE

Name of Employee and Title: Employer: Start Date: End Date: Address: City, State, & Zip:

EVIDENCE OF INSURANCE & ADDITIONAL INSURED ENDORSEMENTS

Name of CRICO Insured on contract: Name of Third Party: Names of any additional Third Parties: Address: City, State, & Zip: Description of project/ agreement/special purpose/event:
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FOR ADDITIONAL INSURED ENDORSEMENT REQUESTS ONLY

Endorsement Effective Date: Aggregate Limit Requested in Contract: \$ Does the contract require a waiver of subrogation? Yes No

If the limit noted above exceeds the limit of your General Liability policy, a contract will be required before this request can be processed.