



of Colorado, Inc.

Certificate of Insurance Request Form

Date: _____

Phone: 303-534-4567
Fax: 303-534-0600
E-mail: DenPam@imacorp.com

Insured: _____
Insured's Phone: _____
Contact: _____
Insured's Email: _____
Needed by: _____

Standard (24 Hour Turnaround)
E-mail to Holder
Fax to Holder

RUSH (If needed sooner)
Mail to Holder
Deliver Only to Requestor

CERTIFICATE HOLDER INFORMATION *(Recipients of Certificates sent by e-mail will not receive a copy by mail)*

Name: _____
Attn: _____
Address: _____
Job Description: _____
and/or Job#/Reference: _____
Fax: _____
E-mail Address: _____
Certificate Holder's Interest in the project is: _____

Show Coverage for which policy(ies)?

General Liability
Automobile Liability
Workers Comp./Employers Liab.
Excess/Umbrella Liab.

Inland Marine
Leased & Rented Equip.
Property (Owned)
Builders Risk

Installation Floater
Other _____

Certificate Holder needs to be listed as:

Additional Ins'd
Loss Payee

Mortgagee
Other _____

Lenders Loss Payable

If yes, for which policy(ies)?

General Liability
Auto Liability
Excess/Umbrella Liability

Inland Marine
Leased & Rented Equip
Property

Builders Risk
Installation Floater
Other

Issue waiver of subrogation?

Yes No

If yes, for which policy(ies)?

General Liability

Excess/Umbrella Liab.

Auto Liability

Workers Compensation/Employers Liab.

Special Instructions:

This insurance is primary and non-contributory (Regarding Additional Insureds)

Delete "endeavor...but failure to" (cancellation clause)

Note: If this certificate request is associated with a specific contract or agreement, please fax or e-mail the entire contract or agreement along with this form.