

CERTIFICATE & ADDITIONAL INSURED REQUEST FORM

To: H. R. Keller & Co., Inc. Certificate Issuance From: _____

Insured's Name: _____

Policy No. _____ or Quote # _____ Date: _____

COMPLETE THIS FORM FOR EACH CERTIFICATE HOLDER OR ADDITIONAL INSURED BEING REQUESTED.
Return by e-mail to: certs@kellerandco.com or Fax: (716) 874-4920

WE CANNOT TAKE REQUESTS BY PHONE. PLEASE BE SURE TO MARK THE APPROPRIATE BOX.

Certificate Holder Only
(no Charge)

Additional Insured
(Additional **FULLY EARNED** charges apply)



MULTIPLE AI'S PERTAINING TO THE SAME JOB (ATTACH SEPARATE SHEET IF NECESSARY)
(SEE BOTTOM OF PAGE WHEN REQUESTING MULTIPLE ADDITIONAL INSURED'S ON SAME JOB)

CERTIFICATE HOLDER/ ADD. INSD. NAME: _____

ADDRESS: _____
(Please include Apt. #, Suite #, Room #) **DO NOT USE P.O. BOX FOR ADDITIONAL INSURED'S**

City

State

Zip Code

Carrier Request: If the cert. holder is a municipality, (Town, Village, City of) check the appropriate box as to the reason for the certificate:

Permit Purposes Licensing Department Dept. of buildings Job for town

INFORMATION REGARDING ADDITIONAL INSURED'S MUST BE COMPLETED TO RECEIVE CERT. CARRIER REQUIRES THIS INFORMATION BEFORE THEY WILL ALLOW THE ISSUANCE OF ANY CERTIFICATES, OR PROCESS ENDORSEMENT.

1. What is the interest of the additional insured? (Please check box)

Managing Agent Landlord GC Sub-Contractor Permit Purposes Only Other _____
A **B** **C** **D** **E** **F** Explain

2. What is the description of the job being performed by the insured?

3. What is the length of the job? _____

4. What dates are the job expected to be performed? _____

5. Location of job? _____

6. Cost of job? _____



USE THIS SECTION FOR INFORMATION REGARDING MULTIPLE AI'S.

(CHECK BOX TO SHOW INTEREST – USE CORRESPONDING LETTER FROM QUESTION 1. ABOVE)

Name: _____ Interest: A, B, C, D, E, F
Other: _____

Address: Same or _____

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Other: _____

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Other: _____

Address: Same or _____