

## Cooper Chapman Insurance

### CERTIFICATE OF INSURANCE REQUEST FORM

To: <a href="mailto:Office@CooperChapmanIns.com">Office@CooperChapmanIns.com</a>		Fax number: 864-834-5003
Requestor's Name: Click or tap here to enter text.		
Telephone Number: Click or tap here to enter text.	Fax Number: Click or tap here to enter text.	
Email: Click or tap here to enter text.	Date Cert Needed: Click or tap here to enter text.	
<b>Certificate Holder (Party requesting certificate):</b> Click or tap here to enter text.		
Certificate Holders E-mail: Click or tap here to enter text.		
Certificate Holders Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Contact person: Click or tap here to enter text.		Telephone Number: Click or tap here to enter text.
Event Contract Dates: Click or tap here to enter text.		Name of Event/Contact: Click or tap here to enter text.

	Lines of Coverage Required	Limit Required
<input type="checkbox"/>	General Liability	\$ Click or tap here to enter text.
<input type="checkbox"/>	Worker's Compensation / Employer's Liability	\$ Click or tap here to enter text.
<input type="checkbox"/>	Automobile Liability, All Hired & Non-Owned	\$ Click or tap here to enter text.
<input type="checkbox"/>	Professional Liability	\$ Click or tap here to enter text.
<input type="checkbox"/>	Property (e.g. buildings, rented or leased equipment, etc.)	\$ Click or tap here to enter text.
<input type="checkbox"/>	Umbrella	\$ Click or tap here to enter text.
<input type="checkbox"/>	Other (e.g. builder's risk)	\$ Click or tap here to enter text.

<input type="checkbox"/>	Waiver of Subrogation required
<input type="checkbox"/>	Additional Insured required: (type in box below)
<input type="checkbox"/>	Specific wording required on COI: (type in box below)

Reason for this Request: Click or tap here to enter text.	
Signature: Click or tap here to enter text.	Date: Click or tap here to enter text.

Please email to [Office@CooperChapmanIns.com](mailto:Office@CooperChapmanIns.com) or fax to 864-834-5003. Allow 48 hours for processing.

Thank you for your business!