REQUEST FOR CERTIFICATES OF INSURANCE / AUTO ID CARDS



Requestor Name Requestor Telephone Required By Date / Time			
IBS Account Number			
AUTO ID CARDS:			
List States: Fleet Wording or Vehicle Specific Cards (Provide year / make / model / id#, attach list if necessary)			
CERTIFICATES OF INSUR	ANCE.		
CERTIFICATES OF INSUR	ANCE:		
Named Insured and Insured	Address to show on Certificate:		
Certificate Holder: Address1: Address 2: City, State Zip Attention:			
Description: (i.e. all operations; project name & end date, year / make / model / vin; location; equipment description, etc. Attach copies of insurance requirements received from cert holder / requestor.)			
POLICY #s:	REQUIRED COVERAGES: General Liability Workers Compensation Umbrella (provide requested and provide description and provide description and other:	cription above) description above) iption above)	LIMITS/COMMENTS \$
Additional Terms	Additional Insured (GL / [Auto / Other	
& Conditions:	Loss Payee / Mortgagee / Primary/ Non-Contributory Waiver of Subrogation (GL/Cancellation: Other:	Lenders Loss Payee Auto/ WC)	
Other Instructions:			
Additional Insured / Loss Pa	ayee:ional wording is required, fill in here or a	nttach)	
Handling Instructions: (if not specified below, Certificate will be mailed to Cert Holder and Insured.)			
Email to Cert Holder at	Fax to Cert Holder at	Email to Cert Requestor at	Other

CERT CENTER: certificates@willis.com Fax: 1-888-467-2378 Telephone: 1-877-945-7378 (1-877-WIL-SERV)

Hours of Operation: 7AM – 8 PM CST