

# Cert Request Form

Fax 1-800-440-2378

To: L.C.I.S. Certificate Service Center-

From:

Email:

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**Please Check the Following:**

Proof of Insurance / Bid Certificate

Certificate of Insurance with Endorsements (See Below)

General Liability

Additional Insured

Waiver of Subrogation

Auto Liability

Additional Insured

Waiver of Subrogation

Worker's Comp

Waiver of Subrogation (per form attached)

Umbrella/Excess Liability

Evidence of Property Insurance (EPI Certificate)

Loss Payee

Is This an OCIP/Wrap Project?  No  Yes – Please send a copy of the **ENTIRE** contract

If yes, OCIP/Wrap Coverage applies to:  General Liability  Work Comp

Certificate Holder Name and Address (Who the certificate is going to / General Contractor)


**Additional Insured(s) / Special Endorsements:** *(Attach copy of contract or requirements)*


**RE:** *(Job Name, Project or All California Landscape Operations)*


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<input type="checkbox"/> <b>Urgent</b>	_____
<input type="checkbox"/> <b>Mail to:</b>	_____
<input type="checkbox"/> <b>Fax to:</b>	_____
<input type="checkbox"/> <b>E-mail to:</b>	_____