

**CERTIFICATE REQUEST**

**Date:** \_\_\_\_\_  
**To:** **Whitecap Insurance Services**  
**Phone:** **415-499-7722**  
**Fax:** **415-479-3962**  
**Insured:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Pages:** \_\_\_\_\_

**\*\*PLEASE SEND INSURANCE REQUIREMENTS WITH FAX REQUEST\*\***

**Certificate Holder:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Coverages:** GL \_\_\_\_\_ Auto \_\_\_\_\_ Umb \_\_\_\_\_ Work Comp \_\_\_\_\_ Prop \_\_\_\_\_  
**Requirements:** Additional Insured \_\_\_\_\_ Primary Wording \_\_\_\_\_ Loss Payee \_\_\_\_\_  
Waiver of Subrogation: Work Comp \_\_\_\_\_ Gen'l Liab. \_\_\_\_\_

**Job Name & Address:** \_\_\_\_\_  
\_\_\_\_\_

**Fax # of Recipient (if urgent):** \_\_\_\_\_

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**Certificate Holder:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Fax # of Recipient (if urgent):** \_\_\_\_\_