



Certificate Request Form

Insured: _____

Requested by: _____

Date: ____ / ____ / ____

Policy #: _____

Certificate Holder's Name: _____

Address: _____ Attention of: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Type of business/establishment: _____

Please provide a DETAILED description of the duties performed by the insured with regards to this contract:

Does the Certificate Holder need to be named as an Additional Insured? Yes No (check one)

Are Guards: Armed Unarmed If this is not guard work, is it: Alarm
P.I.

Is this a new Job? Yes If yes, ADVISE ADDITIONAL: Alarm Payroll _____
No Alarm Receipts _____
Guard Payroll _____
Investigator Payroll _____
Total # of Billed Hours _____

Is there a written contract between the Parties? Yes No If yes, attach Indemnification Clause.

Does the written Contract or Written Agreement require the above holder be named as an Additional Insured on this policy? Yes No (check one)

WAIVER OF SUBROGATION WILL NOT BE CONSIDERED WITHOUT THE CONTRACT

Additional Comments: _____

APPROVED BY: _____

Fax or email this document to The Jacobs Company, Inc.

Fax # (301) 621-3043 or (410) 381-2105

www.jacobscompany.com