



Request for Insurance Certificate

Today's Date: _____

Date & Time Need by: _____ AM/PM

To: The Elite Group, LLC
5 Great Valley Parkway, Suite 355
Malvern, Pa 19355
Attn: (Insert Acct Manager)
Phone: 610.280.____ Fax: 484-329-7543

Select Named Insured(s) for Certificate:

Insured Contact: _____
Phone: _____
Fax: _____
Email: _____

Sample Certificate/Insurance Specifications attached _____

Cert-holder to whom certificate is issued:

Name _____
Address _____
City _____ State _____ Zip Code _____

Additional Insureds/Loss Payees/Mortgagee, if required, List here (or indicate see attached)

[Empty box for listing additional insureds]

Name Project for which certificate is requested _____

Project Name/Number: _____
Address: (If required on certificate) _____
City _____ State _____ Zip Code _____

Comments, list any unusual risk, insurance requirements for project or client (or indicate see attached)

[Empty box for comments]

Transmitting Instructions:

Fax cert to Cert Holder: _____ Insured: _____
Email cert to Cert Holder: _____ Insured: _____

Company Use Only

_____ Add Cancellation Clause _____ # of days

Special Instructions:
