

CERTIFICATE REQUEST FORM

TO: Corey Martinez
Altamont Insurance Brokers
Lic. #OC15034

DATE: _____

FAX: 209-835-7395

FROM: _____

CERTIFICATE HOLDER (Contractor, property owner, etc. who to send certificate to)

Address; (required)

Job Address (required)

Work Being Performed(required)

Phone; _____ **Fax;** _____

Attn. _____

ADDITIONAL INSURED:

(please circle one, extra cost in most cases) YES NO

LOSS PAYEE:

(banks or finance companies on vehicles or equipment) YES NO

If yes, institution name: _____

Address: _____

Reference or acct. # _____

DATE NEEDED BY: _____

PERSON REQUESTING: _____

SPECIAL INSTRUCTIONS:

Altamont Insurance Brokers, Inc.

4598 S. Tracy Blvd., #120 Tracy, CA 95377 209-835-6395 Fax 209-835-7395