



PROOF OF INSURANCE REQUEST FORM

Date of request: _____

Our Insured's Information

Corporation name: _____ D/B/A _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Requestor's Information

Person and company: _____

Phone number: _____

Fax number: _____

Email address: _____

Your interest: (i.e. leased equipment, mortgagee, landlord, employee leasing company):

Insurable Interest information

Does the requestor need to be added to the policy? Yes No

If yes complete below.

Effective date you wish to be added to policy: _____

Company name as you desire it to be listed:

Address of Company being listed:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Describe insurable interest of your company (i.e. loss payee, 1st-2nd mortgagee, additional insured, etc): _____

If this is a request for an **additional insured**, please be advised there may be an additional premium billed to the insured directly. All changes are subject to underwriting approval.

I, the insured, understand there may be an additional premium billed once the endorsement has been processed and accept payment responsibility. I also approve for the above aforementioned changes to be made.

X _____

Signature- Insured Corporate Officer

_____ Date

_____ Print -Insured Corporate Officer

Please allow approximately 10 business days to receive a certificate of insurance, for endorsements allow more time as these must be produced by your insurer.

J CURTIS & ASSOCIATES, INC

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