



Early, Cassidy & Schilling, LLC

Commercial Insurance • Risk Management • Surety
Employee Benefits • Executive Benefits

Certificate of Insurance Request Form

Date of Request: _____

Person completing this form: _____

Email Address: _____

Date Needed By: _____

Insured Information:

Insured Name: _____

Address: _____

Fax#: _____ Phone #: _____

Certificate Holder Information:

Certificate Holder: _____

Certificate Address: _____

Job Name & Number: _____

Attn: _____

Fax #: _____ Phone#: _____

Email Address: _____

Is the Certificate Holder a Loss Payee Yes or No, if yes please fill out the below Equipment Information.

Equipment Information:

Type of Equipment Make & Serial # (if available): _____

Value of Equipment: \$ _____ Lease or Agreement #: _____

Have you entered into any signed agreement or contract with the Certificate Holder? Yes No

Additional Insured Requested: Yes No

➤ If yes, please provide a copy of the contract with the insurance provisions so that we may review it. Without a contract, we cannot add the Additional Insured or any other special wording to the certificate of Insurance.

➤ Carrier may charge a nominal fee

Certificate Distribution Instruction:

Certificate Holder:

Mail original

Email copy

Fax copy

Insureds Copy:

Email Copy

Fax Copy

Do not need a Copy

Please Complete and Return to:

Certificate Information:

Early, Cassidy & Schilling, LLC

15200 Omega Drive, Suite 100, Rockville, MD 20850

Email: certs@ecsinsure.com Fax: 240-864-8122

Please allow at least 24 Hours to process this request.