

REQUEST FOR CERTIFICATE OF INSURANCE

certificates@aegis-online.com EMAIL TO: Type "RUSH" in the subject line of email to flag request if this is a same day move REQUESTED BY: [Your name & email] MOVING COMPANY NAME & ADDRESS: CERTIFICATE HOLDER NAME & ADDRESS: [Building, Property Manager, Owner, etc. requesting certificate] (if you do not provide the complete name and address, there will be a delay in processing) **REGARDING:** [Tenant Name, Apt. #, Move Date, Property Location] ADDITIONAL INSUREDS: [Those entities associated with this move who require their names be listed on certificate] ENDORSEMENT REQUIREMENTS (check appropriate boxes): [Provide copy of building requirements, if available] **General Liability Worker's Compensation** Auto ☐ Waiver of Subrogation ☐ Additional Insured ☐ Additional Insured ☐ Waiver of Subrogation ☐ Waiver of Subrogation □ Primary □ Primary RETURN CERTIFICATE TO: [Provide email address for all who should receive a copy of the certificate]