



**NATIONAL
INSURANCE
SPECIALISTS**

RETURN TO: NATIONAL INSURANCE SPECIALISTS

Fax: 888-489-7105

Email: nisdocs@hylant.com

CONTACT CLIENT SERVICE DEPARTMENT

Phone: 888-489-7165

CERTIFICATE OF INSURANCE REQUEST

Insured's Name: _____

City, State, Zip: _____

Policy #: _____

Certificate Holder: _____

Mailing Address: _____

Attention: _____

Fax #: _____

TYPE OF CERTIFICATE: (Please check those that apply)

- Mortgagee
- Additional Insured – Landlord (Premises)
- Evidence of Insurance Only
- Additional Insured – As their interest may appear
- Additional Insured – Work performed by our insured – set/up - removal
- Other
- Additional Insured/Loss Payee – Leased Equipment
- Loss Payee – Financed Equipment
- Additional Insured/Loss Payee–Leased Auto

SPECIAL INSTRUCTIONS / REQUIREMENTS

Requested by _____ Date _____

Telephone # _____ Fax # _____

Do not write below this line

Completed by _____ Date _____