**Please return completed form to Meghan Murray via email:** [mamurray@lockton.com](mailto:mamurray@lockton.com).

**Phone Number:** 678-361-0886

**Fax Number:** 404-460-3755

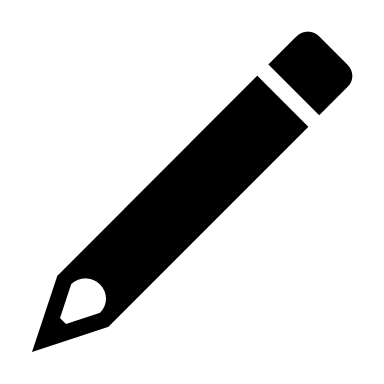
|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Name** |  | | | **Member Number** | |  | |
| **Requested By** |  | | | | **Date** |  | |
| **Contact Information** | | | | | | | |
| **Phone Number** |  | **Fax** |  | | | **# of Pages** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request Certificate of Coverage** | | | | | | | | | | |
| **Certificate Holder** | |  | | | **Attention** |  | | | | |
| **Address** |  | | **City** |  | | | **State** |  | **Zip** |  |
| **Email Address of Requestor:** | | | | | | | | | | |

|  |
| --- |
| **Required Coverages** |
| General Liability  Property / Contents  Equipment  Automobile Liability  Automobile Physical Damage  Builder’s Risk\*\*  Other |
| \*\*State value, start and competition date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the nature / purpose of the certificate or requires wording by certificate holder** | | | |
| **Evidence of Coverage with respect to** | | | |
| **Is there a written contract?**  Yes  No | If yes, please include with certificate request. | **REPEAT CERTIFICATE at next RENEWAL.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Interest** | | | |
| **Loss Payee**  **Mortgagee** | **Lease / Purchase** | **Lease** | **Purchase** |
| **Amount** | $ | $ | $ |
| **Agreement #** |  |  |  |
| **Loss Payee** – a party besides you (such as a lending institution) that has an insurable interest in the equipment, property or vehicles.  **Mortgagee** – usually the bank who holds the mortgage on a building. | | | |

** Report By**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name** |  | **Date** |