

Certificate Request Form

(Use this form for faxing in your requests.)

Fax requests to 715-246-8908

There is **no charge** for additional insured certificates. We do require that you submit your requests **in writing**.

Certificates can also be requested through our website:

- Go to www.specialtyinsuranceagency.com.
- Under the header, click either the "Performer Certificate Request" or "Vendor Certificate Request" button.
- Log in (if you're not logged in already) using your email and password. (If you forgot your password, click "Forgot your password?" and go through the password reset process.)
- Fill in the applicable fields on the certificate request online form with the event/venue's information.
- Your request will be delivered to a customer service representative who will issue your certificate and email you back a PDF.

If you submit your request through the mail, we will mail your certificate back to you and will fax to any numbers provided.

We need you to print clearly. Incomplete requests will not be processed.

| | |
|---------------|--------------|
| Today's Date: | Date Needed: |
|---------------|--------------|

Request is for: Account # _____ (not required)

(Account number is the last four or five digits of your policy number.)

Performer Policy or **Vendor Policy** (check one box)

| | |
|-----------------------------|----------------------|
| Insured's First Name: | Insured's Last Name: |
| Performer or Business Name: | |

| | | |
|--|--------|-----------|
| Certificate Holder/Additional Insured Name: (Venue that is asking for certificate) | | |
| Attn: | | |
| Address (Certificate Holder/Additional Insured): | | |
| City: | State: | Zip Code: |
| Additional Insured: (special language may be required - read your contract) | | |
| | | |
| | | |
| | | |
| Fax or Email: | | |
| Event date: | | |

*Note: Requests are processed in two to five business days upon receipt.