



CERTIFICATE REQUEST

Return to:

Accuchex Insurance Services, LLC

415.532.2510 (fax)

acxins@accuchex.com (email)

1. Policy Holder Information:

Company Name:	Contact Name:
Address:	Phone Number:
Policy Number(s) Requested on Certificate:	Email:

2. Certificate Holder Information:

Company Name:	Contact Name:
Address:	Phone Number:
City, State, Zip:	Email:

3. Additional Insured?

YES _____ NO _____

4. Waiver of Subrogation? (If yes, please complete additional details on page 2)

YES _____ NO _____

5. Frequency?

Annual _____ One Time _____

6. Special Wording Required:

Please submit complete information when requesting a certificate, multiple corrections or additions to certificate requests may result in additional/correction fees. Certificate requests will be processed as soon as possible, please allow up to one business day processing time. Additionally, some requests such as special wording or Waiver of Subrogation will require carrier approval and may take longer than one business day.

Accuchex Insurance Services, LLC
365 Bel Marin Keys Blvd, Novato, CA 94949
415.883.7733 x. 516 (phone) 415.532.2510 (fax)
acxins@accuchex.com (email) CA DOI: 0G33235



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WAIVER OF SUBROGATION ADDITIONAL INFORMATION

1. Please list the job location is different than location listed on policy:

Company Name:	Contact Name:
Address:	Phone Number:
City, State, Zip:	Email:

2. Please provide a description of the job requiring the waiver:

3. What is the total payroll of the job requiring the waiver?

\$ _____

4. Is the payroll already accounted for on the policy?

YES _____ NO _____

5. Which location should this payroll be moved from?

6. What is the relationship of the third party to the insured?

Name of person completing this form: _____

Please sign: _____ Date: _____

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