



**PROOF OF INSURANCE REQUEST FORM**

Date of request: \_\_\_\_\_

**Our Insured's Information**

Corporation name: \_\_\_\_\_ D/B/A \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Requestor's Information**

Person and company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Your interest: (i.e. leased equipment, mortgagee, landlord, employee leasing company): \_\_\_\_\_

**Insurable Interest information**

Does the requestor need to be added to the policy? Yes No

If yes complete below.

Effective date you wish to be added to policy: \_\_\_\_\_

Company name as you desire it to be listed: \_\_\_\_\_

Address of Company being listed:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Describe insurable interest of your company (i.e. loss payee, 1<sup>st</sup>-2<sup>nd</sup> mortgagee, additional insured, etc): \_\_\_\_\_

If this is a request for an **additional insured**, please be advised there may be an additional premium billed to the insured directly. All changes are subject to underwriting approval.

I, the insured, understand there may be an additional premium billed once the endorsement has been processed and accept payment responsibility. I also approve for the above aforementioned changes to be made.

X \_\_\_\_\_

Signature- Insured Corporate Officer

\_\_\_\_\_ Date

\_\_\_\_\_ Print -Insured Corporate Officer

*Please allow approximately 10 business days to receive a certificate of insurance, for endorsements allow more time as these must be produced by your insurer.*

**J CURTIS & ASSOCIATES, INC**

**PO Box 953458 ♦ Lake Mary, FL 32795 ♦ PHONE: (407) 377-1001 ♦ FAX: (866) 592-4211**