



USI Client Services Department Telephone #: 888-489-7165

FAX OR EMAIL THIS FORM TO:

Fax Number: 888-489-7105

USIRentalDocs@usi.com

Certificate of Insurance Request

Insured's Name: _____

City, State, Zip: _____

Policy #: _____

Certificate Holder Name: _____

Mailing Address: _____

Attention: _____

Fax # or email: _____

TYPE OF CERTIFICATE: (Please check one)

- Mortgagee
- Additional Insured/Loss Payee – Equipment Leased or Rented to policy holder/insured.
- Additional Insured – Landlord (Premises)
- Loss Payee – Financed Equipment
- Additional Insured/Loss Payee–Leased Auto

Certificates for your Customers/Rentees:

- Evidence of Insurance Only
- Additional Insured – Work performed by our insured – setup/delivery & removal
(please include event name/ location/ date below)
- Other

Special Instructions/Requirements/Event dates etc

Requested by _____

Date _____

Telephone # _____

Fax # _____