

**Requesting Company Name:** \_\_\_\_\_

**Certificate Request Form**

Line of Business     Gen Liab    Work Comp    Auto    Property  
 Other \_\_\_\_\_

Is this job covered under a WRAP/OCIP policy?    Yes         No

**Endorsements Required** (check applicable liability):

Additional Insured Endorsement?         GL                 AUTO  
Include primary wording?                 GL  
Waiver of Subrogation?                 GL                 WC

**Work Comp Waiver of Subrogation** (please include):

Duration of Job: \_\_\_\_\_

Job Description: \_\_\_\_\_

Estimated Payroll: \_\_\_\_\_

Class Codes: \_\_\_\_\_

*Please feel free to fax over any instructions from the certificate holder if you are uncertain on how to answer the above questions.*

Certificate Holder:    Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Description of operations / location / job# / ref.# / vehicles / etc.

Job Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***Fax to: CPG at 916-984-3100 or  
Email to Certs@cpgib.com***