psa
Insurance Services Since 1979
PO Box 720 • Temecula, CA 92593-0720
Phone: (800) 772-5531 • Fax: (951) 719-3350

CERTIFICATE REQUEST FORM

INSURANCE POLICY INFORMATION

What is your Business Name? _____

What is your Policy Number? _____ Your Name _____

What is your Fax / Email: _____

CERTIFICATE HOLDER INFORMATION
(Person or Business Requesting your insurance certificate)

Business Name: _____

Business Address: _____

Fax Number / Email: _____ Contact Name _____

Project Address: _____

Type of Certificate Requested: (If there will be any charge associated with your request, we will notify you.)

☐ Proof Only (Basic Cert - Free) ☐ Additional Insured Certificate (AI) ☐ AI with Completed Operations	☐ Primary & Non-Contributory Wording ☐ Waiver of Subrogation ☐ Other _____

Date of Project: From: _____ To: _____

Project Cost: $_____

Description of Project / Work:

_____

_____

_____

Please indicate if this project will involve any of the below listed items:

☐ New Condos & Townhomes ☐ Remodeling	☐ Condo & Townhome – Repair Only ☐ Commercial Work	☐ Schools ☐ Residential Work	☐ New Home Construction ☐ Home Owner Association Work

x _____ x _____

Requestor Signature – Print Name and Title *Date*

Fax Completed Form to (951) 719-3350

Or

Email Completed Form to certs@psainsurance.com

Email Form