

CERTIFICATE REQUEST FORM

The B & G Group, Inc. - Commercial Insurance Department
Fax Number (516) 576-1177

Person Requesting: _____ Date & Time: _____

Company Name: _____

Insured Name(if different): _____

Phone Number: _____

Certificate Holder: (Name & Address & Phone)

Attention: _____

Complete Description of Project including job name, job number, – This is Critical - We cannot proceed without this data –

*** Please attach any special written instructions from requestor ***

Coverages Requested

General Liability _____ Auto _____ Work Comp _____

Other _____

Additional Wording Being Requested

____ Additional Insured wording

____ Loss Payable (regarding what and and please include account number)

____ Mortgagee (on what property and please include loan number)

Please mark all additional items needed:

____ Thirty Day Cancellation

____ Primary Wording

____ " Endeavor to " wording deleted

____ Non-Contributory wording

Mail Certificate:

____ To Holder

____ To Insured

Fax Certificate:

____ To Holder (Fax#) _____

____ To Insured (Fax #) _____

Email Certificate: _____ To Holder(email) _____

Email Certificate: _____ To Insured(email) _____