



CENTERPOINT INSURANCE GROUP

Date: _____

To: CenterPoint Insurance Group

Attn: Carole Senn

Fax: 303-333-1391

Email: carole.senn@cptins.com

Name of Your Business: _____

Re: Certificate of Insurance Request Form

****ALL CERTIFICATE REQUESTS MUST BE SENT TO OUR OFFICE IN WRITING****
If you have a faxed request from the holder, please forward a copy of the request to our office. If not, please complete and return this form via fax or email.

Please issue a Certificate of Insurance to:

Certificate Holder Name (requestor):

Certificate Holder street address:

Certificate Holder City, State & Zip:

Certificate Holder Fax number or email:

Does the certificate holder require to be named as an "Additional Insured"?

Yes: _____ No: _____

If yes, please provide a detailed description of the relationship between you and the certificate holder below:

Additional information or comments:

Thank you!

Carole Senn

Account Manager