

# CERTIFICATE REQUEST FORM

**Fax completed form to (800) 440-2378**

Your First Name

Your Last Name

Business Name

Your Email Address

Your Telephone #

Your Fax #

**How would you like to receive your Certificates?**

Email  Fax  Mail

**Do you need your Certificates urgently?**

Yes  No

**Please check the following**

Proof of Insurance/Bid Certificate

Certificate of Insurance with Endorsements (see below)

**General Liability**

Additional Insured  Waiver of Subrogation

**Is the "Completed Operations" required?**

Yes  No

**If you answered "Yes" complete the following questions in detail:**

**1. Does the project include production or tract home work?**

Yes  No

**2. Is this multi-unit residential?**

Yes  No

**If you answered "Yes," how many homes on the project and average selling price?**

**3. If not tract work, number of buildings and type of occupancy** (i.e. offices, retail shops, medical complex, etc.)

**4. Maintenance**

Yes  No

**5. Installation**

Yes  No

**6. What type of operations will be performed for this project?**

*For example, deck installation, patio tile, concrete, maintenance only, seeding, etc. (Please be specific).*

**7. Do all contractors/sub-contractors have the same requirements with regards to Completed Operations and limits?**

**Need something in writing from the general and/or project owners... (If applicable)**

Yes  No

**8. Do all contractors/sub-contractors have the same requirements with regards to Primary Non-Contributory and limits? Need something in writing from the general and/or project owners... (If applicable)**

Yes  No

**Auto Liability**  
 Additional Insured     Waiver of Subrogation

**Workers' Comp**  
 Waiver of Subrogation (completed waiver request form required)

**Umbrella/Excess Liability**

**Evidence of Property Insurance (EPI Certificate)**  
 Loss Payee

**Is this an OCIP/Wrap Project?**

No     Yes - Please supply a copy of the ENTIRE contract

**If yes, OCIP/Wrap Coverage applies to:**

General Liability     Work Comp

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**Certificate Holder Name and Address** *(Who the certificate is going to/General Contractor)*

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**Name of party(ies) to be listed on additional insured, include their relationship to the insured (i.e. Building owner, home builder, general contractor, loan company) and/or other endorsements**

*(Please supply a copy of insurance requirements)*

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**Job Name**

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**Project/Job/Contract #**

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**Physical location of Job**

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**Work Description**

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**Estimated Length of Project**

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**Completed by Name/Title**

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Once you have entered the information we need, we suggest you save the Certificate Request form for your record keeping, then print the form and either fax it to (800) 440-2378 or mail the completed form to Landscape Contractors Insurance Services, Inc. 1835 N. Fine Ave., Fresno, CA 93727

In the event you need to provide any additional documentation associated with this Certificate Request, i.e., a Workers' Comp Waiver Request Form, and/or a copy of the insurance requirements, you can fax these additional documents to (800) 440-2378. Alternately, you can email them directly to [certs@lcisinc.com](mailto:certs@lcisinc.com) as a file attachment. We receive a large number of requests, so please make sure you provide us with your name, company name and telephone number.

**Questions or concerns?** Call us at (800) 628-8735 or send us an email at [certs@lcisinc.com](mailto:certs@lcisinc.com).