



LANDSCAPE CONTRACTORS
INSURANCE SERVICES, INC.

CERTIFICATE REQUEST FORM

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

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

Project/Job/Contract #

Physical location of Job

Work Description

Estimated Length of Project

Completed by Name/Title

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 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.