

REQUEST FOR CERTIFICATE OF INSURANCE

RETURN COMPLETED FORM TO:

ALEXANDER & SANDERS INSURANCE, a Division of BXS Insurance
4041 Essen Lane, Suite 400, Baton Rouge, LA 70809

Email: asinfo@bxsi.com

Date: _____ My Name: _____

Insured Firm Name: _____

This Certificate needs to be delivered by: _____ AM or PM

Please issue a Certificate of Insurance to:

Certificate Holder Name: _____

To the Attention of (if applicable): _____

Certificate Holder Mailing Address: _____

REQUIRED

Project Description/Number (if applicable): _____

FOR IDENTIFICATION PURPOSES ONLY

Please indicate the following coverages on the Certificate:

*****ADDITIONAL INSURED & WAIVER OF SUBROGATION WILL BE SHOW ON**

ALL COVERAGES AVAILABLE UNLESS SPECIFICALLY REQUESTED DIFFERENTLY BELOW.***

<input type="checkbox"/>	Professional Liability	
<input type="checkbox"/>	General Liability	<input type="checkbox"/> Show Additional Insured ONLY <input type="checkbox"/> Show Waiver of Subrogation ONLY <input type="checkbox"/> Show Primary & Non Contributory <input type="checkbox"/>
<input type="checkbox"/>	Auto Liability	<input type="checkbox"/> Show Additional Insured ONLY <input type="checkbox"/> Show Waiver of Subrogation ONLY <input type="checkbox"/> Show Primary & Non Contributory <input type="checkbox"/>
<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/> Show Waiver of Subrogation
<input type="checkbox"/>	Umbrella Liability	
<input type="checkbox"/>	Show 30 Day Notice of Cancellation on all applicable policies	

Email Certificate to: _____

Certificates will be sent via email to all address(s) listed here

Special Provisions/Instructions: _____

Note: Certificates cannot be issued without approval of the insured firm. If your client/prospect contacts Alexander & Sanders directly and requests a certificate of your insurance, we will contact you for authorization before releasing any information. **Requests will be processed in the order in which they are received. Please allow adequate processing time.**