



## Request for Certificate of Insurance

**PLEASE FAX THIS COMPLETED REQUEST TO: 630-894-8353**

**OR**

**E-MAIL THIS COMPLETED REQUEST TO: COI@H-KINC.COM**

Name as shown on policy: \_\_\_\_\_

Name of person requesting certificate: \_\_\_\_\_

Name of company requesting cert: \_\_\_\_\_

Attention to (optional): \_\_\_\_\_

Address of company requesting cert: \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

FAX or E-mail of certificate holder: \_\_\_\_\_

Your FAX or E-mail (if you want a copy): \_\_\_\_\_

Does cert. holder need to be listed as an additional insured? Yes  No   
(Please check one)

What is your relation to the certificate holder? \_\_\_\_\_

Please describe any specific property and/or equipment that needs to be listed on the certificate: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: THERE MAY BE AN ADDITIONAL CHARGE TO ADD AN ADDITIONAL INSURED TO YOUR POLICY.**

**If your certificate has special requirements, please send us a copy of those requirements and allow additional time to process your request.**

Name of person to be reached if necessary: \_\_\_\_\_

Primary phone number of person: \_\_\_\_\_

CERTIFICATE  
HOLDER  
INFORMATION