

REQUEST FOR CERTIFICATE OF INSURANCE

Bolton & Company
245 S. Los Robles, Suite 105
Pasadena, CA 91101
Phone: (626) 799-7000 Fax: (626) 583-2125
Attn: _____

Insured: _____ Date: _____

Number of Pages

*Please complete the following, print and fax this form to your Account Manager at Bolton & Company.
If you have a letter or contract outlining insurance requirements for this Certificate Holder, please fax it to us with this form.*

Certificate Holder

Certificate Holder Name: _____

Full Mailing Address: _____

Attention: _____

Fax # / Email: (if none shown, Certificate will be mailed) _____

Borrower's Name: _____

Coverages: General Liability Workers Compensation
 Auto Other*
 Excess Liability * indicate type (Earthquake, Equipment Breakdown, Terrorism, Flood, etc.)

Include: Additional Insured Waiver of Subrogation (Workers' Comp. only)
 Primary Wording Waiver of Subrogation (General Liability only)
 Cross out "endeavor to" wording Any Special Wording?

An additional premium may apply for some of the above items.

Location of Premises: _____

Check if applicable: New Location Refinance Impound Account

Approximate Closing Date: _____

Additional Copies to: Property Management Co. Escrow Co. Mortgagee
(please list addresses on a separate sheet of paper)