



Proof of Coverage Request

Attn: Torey Plummer

Email: torey@harrp.com / Phone: (360) 574-9035 x103

Insured's name: _____ **Effective Date:** _____

Contact name: _____ **Phone:** _____ **Email:** _____

Proof of coverage requested:

LIABILITY

ERRORS & OMISSIONS

PROPERTY

FIDELITY

TERRORISM

HIRED AND NON-OWNED AUTO

EXCESS LIABILITY

AUTO (*HARRP only*)

Which of the following do you require?

CERTIFICATE AND ENDORSEMENT

CERTIFICATE ONLY

Name certificate holder as Loss Payee (for Property)

Name certificate holder as Mortgagee (for Property)

Name certificate holder as Lender's Loss Payable (for Property)

Name certificate holder as Additional Insured (for Liability)

Add 30-day cancellation clause

1. AS RESPECTS (**property location and address**, event, administration of program contract, other): _____

2. If this is an "EVENT", state Date of Event, Location and Activities: _____

3. If this is a "PROGRAM CONTRACT", state Purpose of Contract and Responsibilities of the Insured: _____

4. If the certificate holder requires specific wording on the certificate and/or grant/loan number, please state: _____

5. Certificate Holder Name and Address (*this is where a copy of the certificate will be mailed to the insured at renewal*):

