

# REQUEST FOR CERTIFICATE OF INSURANCE

RETURN COMPLETED FORM TO:

ALEXANDER & SANDERS INSURANCE  
4610 Bluebonnet Blvd., Suite A, Baton Rouge, LA 70809  
Phone: (225) 295-2995 Fax: (225) 368-2145 Email: [info@alexsand.com](mailto:info@alexsand.com)

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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:*

**DO NOT CHECK COVERAGES THAT THIS AGENCY DOES NOT HANDLE FOR YOUR FIRM**

- Professional Liability Current Limits to be Shown. State Here if Otherwise
- General Liability Select an Option
- Auto Liability Select an Option
- Worker's Compensation Select an Option
- Umbrella Liability

Email Certificate to: Certificates will be sent via email to all address(s) you list here

Mail Certificate to: If requested, Certificates are mailed to the Certificate Holder and/or the Insured

Special Cancellation Notice or Other Provisions/Instructions:

Please indicate any special instructions for us regarding this certificate or if your contract requires

any other special provisions on the Certificate. Note, Carriers normally only allow notice of

cancellation to the Insured.

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.**