

The Business Insurance Connection Agency, Inc.

P. O. Box 680985

Houston, Texas 77268-0985

Phone: 281-583-9446

Fax: 281-583-9965

Certificate of Insurance Request

From: _____ **Date:** _____
Phone #: _____ **Need by:** _____

INSURED: _____

CERTIFICATE TO BE ISSUED TO:

NAME OF COMPANY: _____

ATTENTION: _____

ADDRESS: _____

FAX #: _____

SPECIAL INFO REQUIRED: (Mark with an "x" if required)

___ **Additional Insured on** _____ **Policy**

___ **Waiver of Subrogation on** _____ **Policy**

___ **30 Day Notice of Cancellation** ___ **Loss Payee Clause**

Any Misc. Information: _____

___ **Original Certificate should be mailed to the Certificate Holder**

___ **Certificate should be mailed directly to the Insured**

___ **Certificate needs to be faxed to the Certificate Holder**

___ **Certificate needs to be faxed to the Insured** **Fax:** _____