



# Certificate Request Form

**MARSH ENDEAVOURS TO HAVE ALL CERTIFICATES ISSUED WITHIN 24 HOURS OF RECEIPT. HOWEVER, NON-MARSH CERTIFICATES AND/OR FORMS REQUESTED BY THIRD PARTIES MUST BE SIGNED BY THE UNDERWRITER, FOR EACH COVERAGE, WHICH CAN DELAY ISSUANCE.**

Date of Certificate Request (yyyy/mm/dd)	Date and Time the Certificate is Required to be Issued by (yyyy/mm/dd)
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**MARSH CLIENT INFORMATION**

Named Insured or Division Name to be shown on the certificate	Address
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**CERTIFICATE HOLDER INFORMATION (I.E. INFORMATION ABOUT THE COMPANY REQUIRING EVIDENCE OF INSURANCE)**

Name of Company Requesting Certificate	Attention of (Name and Title)		
Address (Number, Street)	City	Province	Postal Code
Email Address:	Purpose of Certificate		

**TYPE OF INSURANCE REQUIRING PROOF OF COVERAGE**

<input type="checkbox"/> Property Limit Required: _____ Extensions: _____	<input type="checkbox"/> Commercial General Liability Limit Required: _____ Extensions: _____	<input type="checkbox"/> Automobile Limit Required: _____ Extensions: _____
	<input type="checkbox"/> Bodily Injury & Property Damage	<input type="checkbox"/> Permission to Rent/Lease Autos
	<input type="checkbox"/> Cross Liability	<input type="checkbox"/> Other:
	<input type="checkbox"/> Severability of Interest	
<input type="checkbox"/> Contractors Equipment Limit Required: _____	<input type="checkbox"/> Non-Owned Automobile <input type="checkbox"/> Other:	<input type="checkbox"/> Umbrella / Excess Liability Limit Required: _____
<input type="checkbox"/> Boiler and Machinery Limit Required: _____	<input type="checkbox"/> Builder's Risk Limit Required: _____	<input type="checkbox"/> Wrap Up Liability Limit Required: _____

**OTHER LINES OF COVERAGE TO EVIDENCE ON CERTIFICATE (I.E. PROFESSIONAL LIABILITY, AVIATION, ETC.)**

<input type="checkbox"/> Other Limit Required: _____	<input type="checkbox"/> Other Limit Required: _____	<input type="checkbox"/> Other Limit Required: _____
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**SPECIAL HANDLING AND COVERAGE REQUESTS (I.E. NAMES OF ANY ENTITIES TO BE ADDED AS ADDITIONAL INSURED OR LOSS PAYEES) \*\*UPON REQUEST WE WILL REVIEW THE INSURANCE SECTION OF CONTRACTS, ETC. TO ENSURE APPROPRIATE TERMS ARE EVIDENCED (IF MORE SPACE IS REQUIRED PLEASE USE THE ADDITIONAL COMMENTS BOX).**

<input type="checkbox"/> Notice of Cancellation # days	<input type="checkbox"/> Third Party Certificate
<input type="checkbox"/> Additional Insureds	
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee	

Distribution Instructions (select all that apply)

<input type="checkbox"/> Email to Client (Named Insured)	<input type="checkbox"/> Hard Copy to Client (Named Insured) by Mail	<input type="checkbox"/> Email to Certificate Holder	<input type="checkbox"/> Hard Copy to Certificate Holder by Mail
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**PRIVACY DECLARATION**

**Privacy Consent** - Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at [www.marsh.ca](http://www.marsh.ca).

**SIGNATURE**

Name (please print)	Title
Signature	Date (yyyy/mm/dd)

**Additional Comments:**