

**REQUEST FOR CERTIFICATE OF INSURANCE**

TO: WASSERMAN & ASSOCIATES  
P.O. Box 19970  
SACRAMENTO, CA 95819-0970  
**ATTN: Daisy**

Phone:(916) 739-0254  
or: (800) 552-0075  
Ext. 301  
Fax:(916) 733-0622  
Toll Free Fax:(800) 871-9488

INSURED: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

Client Number:

GENERAL LIABILITY: YES \_\_\_ NO \_\_\_

AUTOMOBILE LIABILITY: YES \_\_\_ NO \_\_\_

EXCESS LIABILITY: YES \_\_\_ NO \_\_\_

WORKERS COMPENSATION: YES \_\_\_ NO \_\_\_

OTHER POLICY: \_\_\_\_\_

CERTIFICATE HOLDER: \_\_\_\_\_  
(Name and full mailing address)  
\_\_\_\_\_  
\_\_\_\_\_

**FAX NUMBER: ( )** \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_  
(Include job number)  
\_\_\_\_\_

**IS THIS AN OCIP PROJECT ? YES \_\_\_ NO \_\_\_**

ADDITIONAL INSURED? \* YES \_\_\_ NO \_\_\_

DAYS NOTICE (If specified): \_\_\_\_\_

SPECIAL INSTRUCTIONS:\* \_\_\_\_\_  
(Include other endorsements required)

\* Please note that some companies charge for Additional Insured's and special wording endorsements, for example: Waiver of Subrogation or Primary Wording.

REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

***FAX THIS FORM TO (916) 733-0622 or (800) 871-9488***