



Certificate of Insurance Request Form

Please allow 48 hours for a response.

If a rush certificate is needed, please call Kin Ong at (916) 927-7727 or (800) 400-2642.

DATE:

TOTAL PAGES SENT:

TO: Kin Ong, PARSAC

FAX NO: (916) 927-3075

FROM:

Attention: _____

CERTIFICATE HOLDER:

Organization: _____

Address: _____

Attention: _____

Phone: _____ Fax: _____

PLEASE CHECK APPROPRIATELY:

Evidence of Insurance Only: _____

*Additional Insured: _____

**If the Certificate Holder is requesting to be added as an Additional Insured, a complete copy of the contract, agreement or lease must be attached to this request.*

LIMITS REQUESTED: _____

MEMBER SIR:

DATE(S) OF ACTIVITY: _____

DESCRIBE LOCATION AND TYPE OF ACTIVITY OR LEASE:

