



CERTIFICATE OF INSURANCE REQUEST

Date: _____ To: Certificate Department Fax #925-462-8888

Insured: Valin Corporation Insured's Fax #:

Certificate Holder:

Address: _____

City: _____ State: _____ ZIP: _____

Attn: _____

Fax #: _____ E-Mail _____

We automatically mail an original to the certificate other unless otherwise requested.

DO YOU HAVE A SIGNED CONTRACT FOR THIS JOB? __YES __NO

If possible please include any additional information for this certificate pertaining to insurance requirements.

COVERAGE NEEDED ON CERTIFICATE __GL __WC __Property __Umbrella __Auto
__Other (Please Specify) _____

ADDITIONAL INSURED WORDING** __YES __NO

ADDITIONAL INSURED ENDORSEMENT** __YES __NO

WAIVER OF SUBROGATION** __YES __NO

PRIMARY/NON CONTRIBUTORY WORDING** __YES __NO

**These items may have an additional premium, please contact our office for information.

Job Name/Number or Job description:

Job Address:

What would you like us to do with your copy?

Fax _____ Mail _____ E-mail _____

Your Name _____