

**EQUISURE, INC LIABILITY APPLICATION for PROFESSIONAL GENERAL INSURANCE
CERTIFICATE of INSURANCE REQUEST FORM**

This is not a binder. Please Type or Print Clearly.

Customer Code: _____

Applicant Name _____

Mailing Address: _____

Email _____ Tel # _____ Fax # _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE ADDITIONAL INSURED (AI)
Check all that apply: ASSISTANT LANDOWNER FACILITY OWNER SPONSOR EQUIPMENT LESSOR

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ Email: _____

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Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ Email: _____

Name _____
(please print)

Signature: _____ Date: _____

Please print the application & sign with blue or black ink

Ed date:10/14