

Request for Certificate of Liability Insurance

Information contained within the Certificate of Liability Insurance must be exact. Please check spelling and exact name and address of the Certificate Holders and Additional Insureds, if applicable.

Your Company Name _____

Your Company Address _____

Certificate Holder (Name of the entity who is requesting the certificate):

Name _____

Address _____

City/State/Zip _____

Attention _____

Designate the Following as Additional Insured(s) (Available ONLY if there is a written contract or agreement requiring this designation):

Name _____

Address _____

City/State/Zip _____

Attention _____

E-Mail to:

Your Name _____ Date Requested _____



The information requested in this form should be submitted to the LEAH Administrator at slip@leah.org