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