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Request for Certificate of Insurance (COI)

Please complete the following details to ensure your request is processed accurately.

Turnaround time: 1-2 business days.

1. The Insured's Information

- The Company/Name: _____

2. COI Requestor's Contact Details

- Name: _____
- Phone Number: _____
- Email Address: _____

3. Certificate Holder Information

- Full Company Name (Requiring COI): _____
- Full Company Address:
 - _____
 - _____

4. Which Policy(s): (Check all that apply)

- General Liability
- Business Auto
- Bond
- Other: _____

- Endorsement Options

- Evidence of Insurance ONLY

Check one of the below ONLY if the above is **NOT** selected

- Additional Insured Endorsement Required?
 - Waiver of Subrogation Required?

- Any specific language/Verbiage required for the Additional Insured Endorsement:

[e.g., "The additional insured status will be afforded with respect to liability arising out of..."]

Comments/Notes: _____

Please email this completed form to info@rubensins.com along with any request documents or examples.