Self Insured Solutions

430 N. Vineyard Ave. #102
Ontario, California 91764

(800) 592-0047 PHONE
(800) 592-2541 FAX

WORKERS' COMPENSATION & EMPLOYERS LIABILITY

CERTIFICATE OF INSURANCE REQUEST FORM

MEMBER INFORMATION

Name of Insured Member	Contact Name	Date of Request

Phone	Fax	Email

CERTIFICATE HOLDER INFORMATION

Please attach a copy of the contract insurance requirements if any special wording is requested.

Certificate Holder Name & Address

Name(s) of Other Parties of Interest to be Listed

Location/ Job/ Project Description

Check box if **Waiver of Subrogation** required ☐

RETURN COMPLETED FORM VIA EMAIL OR FAX

Most requests will be fulfilled by end of business day received. However, please allow up to 24 hours.

Email: siscerts@selfinsuredsolutions.com | Fax: 800.592.2541

DELIVERY INSTRUCTIONS

Send to Certificate Holder Via: (check box for all that apply)	Send to Member/ Broker (check box for all that apply)
☐ EMAIL ☐ FAX ☐ MAIL	☐ EMAIL ☐ FAX ☐ MAIL