

# REQUEST FOR CERTIFICATE OF INSURANCE

Company/Requestor (THIS SHOULD BE THE NAMED INSURED): Choose an item.

Email: [Laura.Bayoff-Elkins@litchholdings.com](mailto:Laura.Bayoff-Elkins@litchholdings.com)

Cc: [Kathleen.Nemecek@litchholdings.com](mailto:Kathleen.Nemecek@litchholdings.com)

Request Date Click or tap to enter a date.

Cert Needed: Within 24 hours of request Click or tap to enter a date.

Store/Unit Location: Click or tap here to enter text.

Certificate Holder Information ☐ Attached copy of request.

Update Certificate Holder ONLY ☐

|                        |                                  |
|------------------------|----------------------------------|
| Certificate Holder:    | Click or tap here to enter text. |
| Address:               | Click or tap here to enter text. |
| Address2:              | Click here to enter text.        |
| City, State, Zip Code: | Click here to enter text.        |
| Attention:             | Click or tap here to enter text. |

Coverage & Limit Information

Certificate will show GL, Auto, WC, Umbrella

|                                                              |                                                                                                                               |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Coverage:                                                    |                                                                                                                               |
| <input type="checkbox"/> General Liability:                  | Policy Limits                                                                                                                 |
| <input type="checkbox"/> Auto Liability                      | Policy Limits Click here to enter text.                                                                                       |
| <input type="checkbox"/> Umbrella/Excess Liability:          | \$                                                                                                                            |
| <input type="checkbox"/> Workers Comp & Employers Liability: | Policy Limits Click here to enter text. <b>AXA XL AOS WC for LCE &amp; BLD outside of MI; Safety Natl WC for MI Locations</b> |
| <input type="checkbox"/> Property:                           | \$Click here to enter text.                                                                                                   |
| <input type="checkbox"/> Other:                              | \$Click here to enter text.                                                                                                   |

Additional Insured / Interests

☐ See Attached Request

☐ Waiver of Subrogation for:

☐ GL ☐ W/C & Employee Liability ☐ Auto ☐ Property

Description/Reference/Special Instruction: