



ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker

CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States

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California Certified Disabled Veteran Business Enterprise & Small Business #2045250

CERTIFICATE OF INSURANCE REQUEST

For current Always Faithful clients. Certificates are usually issued within one business day. Please attach the contract page that lists the insurance requirements so the wording matches what the certificate holder needs.

INSURED (YOU)

Business / Insured Name: Policy # (if known):

Contact Name: Phone: Email:

Where should we send the certificate? ☐ Email me ☐ Email the holder ☐ Both

CERTIFICATE HOLDER

Holder Name:

Address:

City: State: ZIP: Holder Email:

PROJECT / JOB

Project name or job address:

Contract or PO #: Start date: End date:

WHAT THE CONTRACT REQUIRES

Coverages to show:

- | | | |
|--|--|---|
| ☐ General liability | ☐ Commercial auto | ☐ Workers' compensation |
| ☐ Umbrella / excess | ☐ Equipment / inland marine | ☐ Professional liability |

Special wording requested (only what the contract requires and your policy allows):

- | | | |
|--|--|--|
| ☐ Additional insured | ☐ Primary & noncontributory | ☐ Waiver of subrogation |
| ☐ 30-day notice of cancellation | ☐ Per-project aggregate | ☐ Completed operations AI |

Additional insured name(s) exactly as required:

Description of operations / special wording from the contract:

We can only show coverage and endorsements your policy actually includes. If the contract asks for something your policy does not have, we will tell you and quote it.

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned requests that Always Faithful Insurance Agency issue a certificate of insurance as described above. A certificate is for information only; it does not change, extend or alter the coverage provided by the policies.

Printed Name: Title (if business):

Signature: Date:

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to info@semperfiservicesolutions.com or call 650-489-2592.