



MAILING ADDRESS:
2058 N Mills Ave #522
Claremont, CA 91711

PHONE: 800-628-2882
FAX: 909-266-0359

EMAIL: office@h2ins.com

CA LICENSE #0C66703
ID LICENSE #600881

Certificate Request Form

To: H2 Insurance Services, Inc.
Phone: (800) 628-2882
Fax: (909) 266-0359
Email Address: office@h2ins.com

From:
Phone:
Fax:
Email Address:

Individual Requesting: _____

Message: Please issue a Certificate of Insurance per the following instructions:

Certificate Holder: _____

ATTN: _____

Address: _____

City, State & Zip Code: _____

Certificate Holder Email Address: _____

*** WE MUST HAVE AN ADDRESS FOR ALL CERTIFICATE HOLDERS***

Certificate Holder Phone: _____ Fax: _____

****SPECIAL INSTRUCTIONS****

Certificate Holder Named as: Additional Insured Loss Payee

Instructions or sample attached

Project Address: _____

Special wording or instructions: