



CERTIFICATE REQUEST FORM

SEND YOUR REQUEST TO: FAX: 707-252-5905
EMAIL: processing@paulhanson.com

INSURED NAME: _____
INSURED ADDRESS: _____
INSURED PHONE#: _____

WHO IS SENDING THIS REQUEST?

NAME: _____

EMAIL: _____

Please issue a certificate of insurance to the following:

Certificate Holder Name: _____

Certificate Holder Address: _____

ATTENTION: _____ FAX #: _____

EMAIL: _____

Check if applicable: _____ Additional Insured _____ Loss Payee

Please note any additional information needed on the certificate of insurance:

Who is the Certificate Holder? (ie, Shipper/Landlord/Owner/Mortgage) _____

IN ORDER TO PROCESS YOUR CERTIFICATE TIMELY, PLEASE PROVIDE THE FOLLOWING:

Option #1 Move Date: _____

Shipper: _____
(certificates for one-time moves will not be renewed annually)

Option #2 For ongoing moves throughout the policy term (Check Here)
(these certificates are renewed annually)

Paul Hanson Partners 24 Hour Advantage-We provide you innovative online access to the largest video training library for your employees. Our online services include 24 hour accessibility to issue your own certificates, request MVR's, review policy and claims data.