

Request for Certificate of Insurance

If you are an insured and need certificates of your insurance mailed to a Certificate Holder, please fill out the form below and email it to us at: certs@riceinsurance.com. In an effort to better protect you, our insureds, please submit any requests for Certificates of Insurance *before* the work commences. If you have any questions, please do not hesitate to contact us at: 1.888.742.3467.

Contact Information

Mailing Address: Rice Insurance, LLC

1400 Broadway

Bellingham, WA 98225

Contact:

certs@riceinsurance.com

P: 360.734.1161 F: 360.734.1173



Certificate(s) Requested By						
Your Company Name:						
Your Name:	Your Email:					
Issue Certificate To (please fill out all fields)						
Certificate Holder:						
Individual/ Attention To:						
Would you like the Certificate:	Emailed (preferred)	Mailed	Faxed			
Please fill out the <i>email</i> or <i>fax</i> number if you would like it sent other than by mail:						
Mailing Address:						
City: Stat	te:	Zip Code:				
Type of Coverage you Need Sent:						
Does the Certificate Holder need to be listed as Additional Insured? Yes No If Yes, please specify for which insurance:						
Additional Comments:						





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Issue Certificate To (please fill out all fields)						
Certificate Holder:						
Individual/ Attention To:						
Would you like the Certificate:	Emailed (preferred)	Mailed		Faxed		
Please fill out the <i>email</i> or <i>fax</i> number if you would like it sent other than by mail:						
Mailing Address:						
City:	State:	Zip Code:				
Type of Coverage you Need Sent:						
Does the Certificate Holder need to be If Yes, please specify for which insurar	Yes	No				
Additional Comments:						
Issue Certificate To (please fill out all fields)						
Certificate Holder:						
Individual/ Attention To:						
Would you like the Certificate:	Emailed (preferred)	Mailed		Faxed		
Please fill out the email or fax number if you would like it sent other than by mail:						
Mailing Address:						
City:	State:	Zip Code:				
Type of Coverage you Need Sent:						
Does the Certificate Holder need to be listed as Additional Insured? If Yes, please specify for which insurance:		Yes	No			
Additional Comments:						

