Certificate Request Form

(Use this form for faxing in your requests.) Fax requests to 715-246-4257

There is **no charge** for additional insured certificates. We do require that you submit your requests **in writing**.

Certificates can also be requested through our website. Go to www.specialtyinsuranceagency.com

On the left side of the home page in the Quick Links section click on Performer Certificate Request or Vendor Certificate Request.

Fill in the blanks and hit submit. Your request will be delivered to a Customer Service Representative who will issue your certificate and email you back a PDF.

If you submit your request through the mail we will mail your certificate back to you and will fax to any numbers provided.

We need you to print clearly. Incomplete requests will not be processed.

Today's Date:	Date Needed:	
Request is for: Account #	(not required)	
(Account number is the last four or five digits of your policy number.)		
☐ Performer Policy or ☐ Vendor Policy (check one box)		
Insured's First Name:	Insured's Last Name:	
Performer or Business Name:		
Certificate Holder/Additional Insured Name: (Venue that is asking for certificate) Attn:		
Address (Certificate Holder/Additional Insured):		
City: Sta	ate: Zip Code:	
Additional Insured: (special language may be required - read your contract)		
Fax or Email:		
Event date:		

^{***}Note: Requests are processed in two to five business days.



Accident Investigation Form

Specialty Insurance Agency, LLC Performers Of The US & Vendors Of The US P.O. Box 24, New Richmond, WI 54017 Phone: 715-246-8908 • Fax: 715-246-4257

Member	Information
Name:	
Mailing Address	
City	
State	
Zip Code	
Home Phone	
Mobile Phone	
Fax	
Email Address	
Injured F	Party's Information
Name:	
Mailing Address	
City	
State	
Zip Code	
Home Phone	
Mobile Phone	
Fax	
Email Address	
Date of Accident	
Describe	Accident
Attach additio	anal pages as pooded

Attach additional pages as needed.