



Collis Insurance Services Group Inc.  
#203, 610 – 70<sup>th</sup> Avenue SE, Calgary AB T2H 2J6  
PH: 403-COLLIS5/ 403-265-5475 FAX:403-236-2491

# Certificate Request Form

---

(Policy Holder Name)

Contact person at Collis Insurance Services:  
Fax: 403-236-2491 Email: [info@collisinsurance.ca](mailto:info@collisinsurance.ca)

Certificate Holder : \_\_\_\_\_  
\_\_\_\_\_

Certificate Holder Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the information required on your certificate:

- |  |   |
|--|---|
| <input type="checkbox"/> Additional Insured    | <input type="checkbox"/> Loss Payable           |
| <input type="checkbox"/> Waiver of Subrogation | <input type="checkbox"/> Notice of Cancellation |

Please forward certificate to certificate holder directly at:

Fax: \_\_\_\_\_ Attn: \_\_\_\_\_  
Email: \_\_\_\_\_ Attn: \_\_\_\_\_

Please cc to : \_\_\_\_\_ when sending to certificate Holder   
(name of policy holder)

Requested by: \_\_\_\_\_ Dated: \_\_\_\_\_