



Collis Insurance Services Group Inc.
#203, 610 – 70th 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

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: _____