



**REQUEST FOR CERTIFICATE OF INSURANCE**

**Fax #: 855-472-1290**

**Email: TransProtection@vanliner.com**

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Phone: \_\_\_\_\_

**COVERAGES TO BE SHOWN:** (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Auto Liability        | <input type="checkbox"/> Movers & Warehousemen's (Cargo) |
| <input type="checkbox"/> Auto Physical Damage  | <input type="checkbox"/> Garage                          |
| <input type="checkbox"/> Umbrella              | <input type="checkbox"/> General Liability               |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Property                        |

**CERTIFICATE HOLDER:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Additional Insureds:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If any additional information is given (specific coverages, verbatim, additional insured information) please fax it with this request.*

**MOVE FOR:** \_\_\_\_\_

**MOVE DATE:** \_\_\_\_\_

**Fax/E-Mail to:** \_\_\_\_\_ **Fax #:** (      )

**Fax/E-Mail to:** \_\_\_\_\_ **Fax #:** (      )