



Insurance | Risk Management | Consulting

PGA REQUEST FOR CERTIFICATE OF INSURANCE

E-mail to: GGB.PGA@AJG.com

Date of Request:

Member Name:

Member Number:

Phone Number:

FAX Number:

E-mail Address

Member Address:

Certificate Holder:

Address:

Phone Number:

FAX Number:

E-mail Address

Attention:

Any Special Instructions

If the certificate holder is requesting to be included as an additional insured, please include a comment stating we are to include the certificate holder as an additional insured. (Include name and address if different from Certificate Holder.)