

# Certificate of Insurance Request

Please fill out the below information and send this completed PDF with the email subject "Custom COI Request" to help@moodmedia.com

## Requestor's Information

Requestor Name	Email Address	Phone Number
		Date of Request

## Named Insured Information

Named Insured Mood Account Number:		
Named Insured (Entity Name):		
Named Insured's Street Address:		
City:	State:	ZIP Code:

## Certificate Holder Information

Certificate Holder Name:		
Certificate Holder's Street Address:		
City:	State:	ZIP Code:
Certificate Holder Email Address:		
Holder Email Address 2:	Should a copy of COI be sent directly to holder?      Yes      No	

## Type of Certificate

Coverage(s) Required (Check all that apply)					
General Liability	Auto Liability	Workers' Comp	Umbrella	Professional	Property
OTHER:					

## Additional Requirements *(Check all that apply)*

Additional Insured				
General Liability	Auto Liability	Umbrella	Other	
Waiver of Subrogation				
General Liability	Auto Liability	Umbrella	Workers' Compensation	Other

Other Information/Instruction/Reference/Description:

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