

Certificate of Insurance Request

Please use this form below to provide all the necessary information needed for a Certificate of Insurance request

COI Priority

Rush Standard (24 hours)

For any Certificate of Insurance requests please complete the following and submit to MoodMediacertrequests@lockton.com

Named Insured Information

Named Insured: DMX, LLC d/b/a Mood Media Muzak LLC d/b/a Mood Media PlayNetwork, LLC In-Store Marketplace, LLC

Other, If choosing other, please complete the information below

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' Compensation 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

NOTE: Please attach a copy of the request (email request, contract, or sample COI) from your customer, supplier, or other.

Other Information/Instruction/Reference/Description:

Please send the attached to MoodMediacertrequests@lockton.com.