

Certificate of Insurance Request Form

Date of Request		Date Needed	
To	THC Enterprises, Inc.	From	
Attention/Email	TBINGAMAN@MAWASTE.COM OR FAX # (410) 820-9275		
Insured's Name	Mid-Atlantic Waste Systems		
Insured's Address			
Reason for Request			
<input type="checkbox"/> Landlord <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Purchase Order		<input type="checkbox"/> Job/Project <input type="checkbox"/> Mortgagee/Lender <input type="checkbox"/> Auto Lease	
		<input checked="" type="checkbox"/> Proof of Insurance <input checked="" type="checkbox"/> Other (describe)	
Attach a copy of lease, purchase order or contract for our review. <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached			
Certificate Holder			
Certificate Holder's Address			
Job/Reference #			
How would you like the Certificate of Insurance sent to you?			
Attention			
Email			
Deliver to	<input type="checkbox"/> Insured <input type="checkbox"/> Insured and Holder <input type="checkbox"/> Holder only		
Coverage Required			
<input type="checkbox"/> General Liability <input type="checkbox"/> Property <input type="checkbox"/> Workers' Compensation		<input type="checkbox"/> Auto Liability <input type="checkbox"/> Auto Physical Damage <input type="checkbox"/> Umbrella/Excess Liability	
		<input type="checkbox"/> Other (describe)	
Certificate holder should be listed as	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Other: (describe)	
Special Requirements	<input type="checkbox"/> Waiver of Subrogation	<input type="checkbox"/> Per Project Aggregate	<input type="checkbox"/> Other (describe)
Additional Comments			