



5335 Meadows Rd., Ste 101 ~ Lake Oswego, OR 97035  
P: 503-635-3303 F: 503-635-7491 E: info@oaktreeins.com

# Certificate of Insurance Request Form

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

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

Requested By: \_\_\_\_\_

Date Need Completed By: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Please send a copy of any contract and/or supporting documentation along with this request.

FOR WRAP/OCIP PROJECTS WE NEED A COPY OF THE CONTRACT

## Certificate Holder:

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

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

\_\_\_\_\_

Attention: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_