|  |
| --- |
| **Certificate of Insurance Requests \*\*Please allow for 24 hour turnaround\*\***SSBC COI Requestsmust be submitted to Sadie Brown, brown@aisc.org |
|  |
| **Attn:** Greyling Insurance Brokerage3780 Mansell Road, Suite 370, Alpharetta, GA 30022katie.kresner@greyling.comp (770) 552-4225 f (866) 550-4082  | **From:** American Institute of Steel Construction 130 E. Randolph Street  Suite 2000 Chicago, IL  60601 |
| **Please Fill in Gray Areas** |
| **Today’s Date** |  |  **Named Insured** |  |
| **Your name**  |  |
| **Certificate holder [company name]** |  |
| **Address****City/State/Zip** |  |
| **Project Reference** |  |
| **Policies to be referenced in certificate and requested policy limits** | **Coverage** |  **Specific limit to show** |  **Other requirements? Please check one** |
| [ ]  General liability  | $1M occurrence$2M aggregate | Additional insured? Y [ ]  N [ ]  Waiver of subrogation? Y [ ]  N [ ] Primary NonContributory Y [ ]  N [ ]  |
| [ ]  Business auto | $1M single combined | Additional insured? Y [ ]  N [ ]  Waiver of subrogation? Y [ ]  N [ ] Primary NonContributory Y [ ]  N [ ]  |
| [ ]  Workers’ compensation | Statutory limits$1M each accident  | Waiver of subrogation? Y [ ]  N [ ] Primary NonContributory Y [ ]  N [ ]  |
| [ ]  Umbrella liability | $5M occurrence$5M aggregate | Additional insured? Y [ ]  N [ ]  Waiver of subrogation? Y [ ]  N [ ] Primary NonContributory Y [ ]  N [ ]  |
| [ ]  Professional Liability | $1M per claim$2M aggregate | Additional insured? Y [ ]  N [ ]  Waiver of subrogation? Y [ ]  N [ ] Primary NonContributory Y [ ]  N [ ]  |
|
| **Cancellation notice**  | *Check One:* 1) 30 days [ ]  2) Not applicable [ ]  |
| **How would you like this certificate sent:** | **To You** | **To the Certificate Holder** |
|  Fax |  |  |
| Regular mail |  |  |
| Overnight mail |  |  |
| E-mail (as a PDF file)  |  |  |