

**HUNTINGTON T. BLOCK
INSURANCE AGENCY**

Please direct Certificate Requests to: anne_rappa@asg.aon.com
 With carbon copy to: alisa_gross@asg.aon.com
John.lawless@fmglobal.com

**CERTIFICATE OF INSURANCE
REQUEST FORM**

REQUESTED BY	COMPANY	TELE: FAX:	DATE
ACCOUNT NAME Commonwealth of Virginia			POLICY No. LP823
LOAN PERIOD/CERTIFICATE PERIOD:		LOAN AMOUNT/LIMIT OF LIABILITY:	NAME OF EXHIBITION, IF RELATED TO SHORT TERM EXHIBITION:
CERTIFICATE TYPE (SELECT ONE)	<input type="checkbox"/> General Certificate of Insurance <input type="checkbox"/> Loss Payee (Please indicate relationship) _____ <input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation (Please indicate relationship) _____		
CERTIFICATE HOLDER			
ADDRESS (DO NOT USE P.O. Box)		CITY	ST/PROV ZIP
OBJECTS TO BE INSURED (PLEASE PROVIDE OBJECT IDENTIFICATION INCLUDING VALUE):			
MAILING INSTRUCTIONS <input type="checkbox"/> PER CORPORATE MAILING INSTRUCTIONS, OR <input type="checkbox"/> PER CORPORATE MAILING INSTRUCTIONS AND AS INDICATED BELOW: <input type="checkbox"/> Use Certificate Holder address above <input type="checkbox"/> Fax No: Attn: At: Mailing Address:			
ADDITIONAL INSTRUCTIONS			