

**FACTORY MUTUAL  
INSURANCE COMPANY**

**CERTIFICATE OF INSURANCE  
REQUEST FORM**

REQUESTED BY		COMPANY		TELE:	DATE
				FAX:	
ACCOUNT NAME The Commonwealth of Virginia				ACCT No. 1-75062	POLICY No. LP823
LOC. NO.	INDEX NO.	DIVISION			
INSURED ADDRESS (where property covered is "physically" located)				CITY	ST/CTRY
CERTIFICATE TYPE (SELECT ONE)		<input type="checkbox"/> Certificate of Insurance  <input type="checkbox"/> Policy Information Form		<i>Certifies that in the event of a loss, the company will include the third party interest in any loss payment as designated. The company is responsible for any additional rights granted by the certificate to the third party.</i>  <i>Confirms that insurance is in force for an insured location. Document does not grant additional policy rights to a third party interest.</i>	
EFFECTIVE DATE OF CERTIFICATE		LIMIT OF LIABILITY \$		LEASE/LOAN No.	
ADDITIONAL INTEREST TYPE (SELECT ONE)		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Named Insured <input type="checkbox"/> Lenders Loss Payable			
CERTIFICATE HOLDER					
ADDRESS (DO NOT USE P.O. BOX)			CITY	ST/PROV	ZIP
DESCRIBE PROPERTY/EQUIPMENT TO BE COVERED					
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					