

Farmers Insurance  
Herzog Insurance Agency: 800-300-1303  
Certificate Request Fax: 925-892-7988  
**Commercial Certificate of Insurance Request Form**

Please complete and fax or email to: [certs@Herzogins.com](mailto:certs@Herzogins.com)

Requested By: \_\_\_\_\_ Phone # \_\_\_\_\_

Your company \_\_\_\_\_ Fax # \_\_\_\_\_

Certificate Holder: \_\_\_\_\_  
\_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_, Zip \_\_\_\_\_

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

Certificate Holder Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Project Name or Number: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

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Do you need an Additional Insured endorsement (General Liability)? YES / NO

If unsure how additional insured is to read please fax copy of the instructions from the company that is requesting the certificate and the person who we should contact. Below is **Required** for Additional Insured

Explain the relationship between you and Additional Insured/Certificate Holder:

\_\_\_\_\_

Job description: \_\_\_\_\_

Dates of Project: \_\_\_\_\_

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Do you need a Waiver of Subrogation (Workers Comp Only)? YES / NO

Below is **REQUIRED** for Waiver of Subrogation:

Payroll of Project: \_\_\_\_\_

Dates of Project: \_\_\_\_\_

Project Name or Number: \_\_\_\_\_