Certificate of Insurance

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| --- | --- |
| **Insured’s Name:** {%=insured.name%}  **D/b/a:** {%=insured.address%}  **Email:** {%=insured.email%} | **Phone:** {%=insured.phone%}  {%if insured.fax%}**Fax:** {%=insured.fax%}{%end%} |

**Types of Insurance to be on certificate:** {%for x in insurance%}

* {%=x.name%}{%end%}

{%unless empty(special)%}**Special coverage requested:** {%for x in special%}

* {%=x.name%}{%end%}

{%end%}

{%if services%}**Services provided and activities involved:**

{%=services%}{%end%}

**Name:** {%=name%}

**Address:** {%=address%}

|  |  |  |
| --- | --- | --- |
| **City:** {%=city%} | **State:** {%=state%} | **Zip:** {%=zip%} |

|  |  |
| --- | --- |
| **Fax:** {%=fax%} | **Phone:** {%=phone%} |
| **Email:** {%=email%} | **Contact:** {%=contact%} |