ACE MENTOR PROGRAM
ARCHITECTURE • CONSTRUCTION • ENGINEERING

Alliant

CERTIFICATE REQUEST FORM:

Ace - Named Insured to be shown on Certificate:

_____

Certificate Holder Name and Address:

_____

_____

_____

Certificate Holder to be included as additional insured?

☐ Yes ☐ No

Language to be Included in Description of Operations Box:
If for an event, please provide details:

_____

_____

_____

Coverages to be Included on Certificate:

General Liability:	☐ Yes	☐ No
Abuse & Molestation:	☐ Yes	☐ No
Hired / Non-Owned Automobile:	☐ Yes	☐ No
Umbrella:	☐ Yes	☐ No

PLEASE SEND ALL CERTIFICATE REQUESTS TO SUZANNE OROSZ
EMAIL: SOROSZ@ALLIANT.COM TEL: (212) 603-0308