



# CERTIFICATE REQUEST

NEW    REVISED    COPY    RENEWAL

102 NW Parkway  
Kansas City, MO 64150  
Voice – 800-821-6580 / 816-278-5043  
Fax – 816-474-1931

(Please Print Clearly)      Date \_\_\_\_\_

Requested by: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of ARA Insured \_\_\_\_\_ Acct # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Type of Certificate Requested

- \_\_\_\_\_ Liability Certificate
- \_\_\_\_\_ Loss Payable (Include Lease/Loan or contract #, VIN's, Description & Value of Equipment/Vehicle)
- \_\_\_\_\_ Additional Insured (Include Lease/Loan or contract #, VIN's, Description & Value of Equipment/Vehicle)
- \_\_\_\_\_ Evidence (Include Complete Address of Insured Property)

Contract / Lease / Loan # \_\_\_\_\_

Description on Equipment/Vehicle \_\_\_\_\_

\_\_\_\_\_ Value \$ \_\_\_\_\_

Certificate To Be Issued To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1) Fax / Mail Certificate to: Company

Attn: \_\_\_\_\_ Fax \_\_\_\_\_

1) Fax / Mail Certificate to: Company \_\_\_\_\_

Attn: \_\_\_\_\_ Fax \_\_\_\_\_

***Please Complete this Form and Fax back to:      816-474-1931***