



# MOHAWK INDUSTRIES - BRIDGE #: 57-40007

## REQUEST FOR CERTIFICATE OF INSURANCE

EMAIL COMPLETED FORM TO: [KIMBERLY\\_WILLIAMS@MOHAWKIND.COM](mailto:KIMBERLY_WILLIAMS@MOHAWKIND.COM)

☐ STANDARD (24 HOURS) ☐ END OF DAY (7 PM CST) ☐ RUSH (WITHIN 4 HOURS)

**\*\*\*\*\***  
**DOUBLE CLICK ON BOXES TO MAKE SELECTION OR TO CHECK THE BOX**

**\*RED ASTERISK = REQUIRED INFORMATION - MUST BE COMPLETED BEFORE FORM CAN BE PROCESSED!**

*REQUESTOR NAME:		*REQUESTOR CONTACT # OR EMAIL:	
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### NAMED INSURED

*NAMED INSURED:	<input type="checkbox"/> Mohawk Industries, Inc.	<input type="checkbox"/> IVC USA, Inc
	<input type="checkbox"/> Dal-Tile Distribution, Inc.	
	<input type="checkbox"/> Unilin US MDF	<input type="checkbox"/> American Marazzi Tile, Inc
	<input type="checkbox"/> Unilin North America, LLC.	
	<input type="checkbox"/> Mohawk Carpet Transportation of GA	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Mohawk Carpet Distribution	

### CERTIFICATE HOLDER INFORMATION (COMPANY REQUESTING COI)

*CERTIFICATE HOLDER:	
*ADDRESS:	
*ATTENTION:	

### DISTRIBUTION METHOD: (Please provide fax numbers, mailing addresses & email addresses if not already included in request)

<input type="checkbox"/> CERTIFICATE HOLDER	<input type="checkbox"/> BY EMAIL:	<input type="checkbox"/> BY FAX:	<input type="checkbox"/> BY MAIL
<input type="checkbox"/> OTHER	<input type="checkbox"/> BY EMAIL:	<input type="checkbox"/> BY FAX:	<input type="checkbox"/> BY MAIL

\*RENEWAL OPTION: ☐ RECURRING ☐ ONE TIME ONLY

### COVERAGE & LIMIT INFORMATION

LIABILITY	<input type="checkbox"/> General Liability	LIMIT \$1,00,000 EACH OCC \$1,00,000 AGGREGATE	Waiver of Subrogation <input type="checkbox"/>
	<input type="checkbox"/> Automobile Liability	\$1,00,000 PRODUCTS/COMP OPS AGGREGATE	
	<input type="checkbox"/> Workers' Compensation Employers Liability	LIMIT \$5,00,000 CSL	
	<input type="checkbox"/> Excess	LIMIT \$1,00,000/\$1,00,000/\$1,00,000	
		LIMIT \$1,00,000	<input type="checkbox"/>

### ADDITIONAL INSURED

<input type="checkbox"/> GENERAL LIABILITY	ADDITIONAL INSURED ENTITIES:
<input type="checkbox"/> AUTO	ADDITIONAL INSURED ENTITIES:
<input type="checkbox"/> UMBRELLA/EXCESS LIABILITY	ADDITIONAL INSURED ENTITIES:

### ADDITIONAL INTERESTS OR WORDING: (check all that apply)

<input type="checkbox"/> PRIMARY & NON-CONTRIBUTORY	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES: (Example - description of project, contract number...etc)

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**\*THE CONTRACT / AGREEMENT REQUIRING PROOF OF INSURANCE MUST BE SUBMITTED WITH THIS REQUEST PRIOR TO EXECUTION FOR RISK MANAGEMENT TO REVIEW INSURANCE PROVISIONS**