



MARSH Certificate of Insurance (COI) Request Form

Send completed request form to Risk@mohawkind.com

How long does it take to receive a certificate once I have submitted a request?

We commit to issuing your certificate **within 24 hours upon receipt** of the properly completed request form, provided no additional information or approval is required. **If you require a certificate on an urgent basis please send the request via email and state "RUSH" or "URGENT" in the SUBJECT LINE of the email.** We commit to issuing an urgent certificate within 1 hour upon receipt of the properly completed request form, provided no additional information or approval is required.

If you require assistance please call 706-624-2177 or 706-624-2639

Items colored in **RED** and indicated by an asterisk (*) are required fields. Click on the boxes to enter details

Requested by:	Requestor email:	Issue this COI at the next policy renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No (if left blank the COI will be renewed)
Insured (which of our legal Entity names) (as it should appear on the certificate)		
Mohawk Industries, Inc Dal-Tile Distribution Unilin North America, LLC IVC US, Inc Mohawk Carpet Transportation of GA, LLC		Aladdin Manufacturing of Alabama, LLC Mohawk Commercial, Inc Dal-Tile Corporation Other:
Branch / Location name:		
Certificate Holder (Who is asking for the COI from our company)		
*Name:		Phone: Email: Fax:
*Attn:		
*Street Address:		
City: , State: Zip:		
Coverages & Limits (to be evidenced on certificate)		
Show Insured's Standard Coverage(s) & Limit(s)		
Policy:	Show Standard Limit?	If not standard limit, please specify limit:
<input type="checkbox"/> General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1,000,000
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1,000,000
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1,000,000
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Trailer Interchange		\$
Holder's Interest (to be evidenced on certificate)		
Additional Insured (who is included as Additional Insured): Additional Insured applies to: <input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability <input type="checkbox"/> Umbrella Liability		
Waiver of Subrogation: <input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability <input type="checkbox"/> Workers Comp		
Primary Non-Contributory: <input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability		
<input type="checkbox"/> Other Wording:		
Description/Location/Job (to be shown on certificate):		
Additional Instructions:		
Distribution of COI		
A copy of the certificate will automatically be sent to the requestor as well as to the certificate holder, unless specified otherwise. Alternate distribution instructions:		

*****NOTE:

If you are provided insurance requirements, please also send with this request form