



Alliant Insurance Services, Inc.
4530 Walney Road, Suite 200
Chantilly, VA 20151

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AIHA Errors and Omissions Insurance Program REQUEST FOR CERTIFICATE OF INSURANCE

Policyholder Information

Contact Person: _____ Named Insured: _____

- Errors and Omissions Liability Insurance Only Annually Certificate of Insurance One Time Certificate of Insurance
- Certificate for All Policies (if applicable) Annually Certificate of Insurance One Time Certificate of Insurance

Note, on Special Insurance Wording and Endorsements:

* Certificates requiring special wording or endorsements to non-professional liability coverages (e.g., GL and Workers' Comp, etc.), please email your client(s) Insurance Requirements with the completed certificate of insurance request form to Lina Millirons at lina.millirons@alliant.com.

Certificate Holder Information

Additional Insured (only applies to GL)

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____ Fax: _____

Fax a copy of the certificate of insurance to Certificate Holder. Mail original to client(s)

I wish to receive a copy of this Certificate via Fax OR email (include number OR email address on line below) :

Fax #: _____ Email address: _____

★★★★ **Email this request form to lina.millirons@alliant.com** ★★★★★

NOTE: We require a minimum of 48 hours to process your request. If you have any questions, please contact Lina Millirons at 703-547-5774. Thank you.