CERTIFICATE OF INSURANCE
EMAIL REQUEST FORM

TERRA INSURANCE COMPANY

EMAIL TO: terra@terrarrg.com

DATE: 09/17/2025

INSURED NAME (Your Company):

BRANCH NAME & ADDRESS (If Applicable):

PROJECT NAME/DESCRIPTION (Optional):

No Project Specified.

CERTIFICATE HOLDER NAME & ADDRESS:
(Certificate cannot be processed without a complete address.)

Company Name:

Attn:

Address:

SPECIAL INSTRUCTIONS:
(Note: Additional insureds cannot be named.)

No Special Instructions.

Unless you specify otherwise below, Terra will send an original certificate to the certificate holder ***by mail***, and a copy to you, the insured.

Send the Copy By: ☐ E-mail ☐ Fax ☒ Regular Mail

If you have purchased environmental liability coverage, please specify if you would like environmental liability coverage indicated on this certificate.

Indicate Environmental Liability? ☐ Yes ☒ No

SENT BY:

Your Name:	
Telephone:	
Fax:	
Email:	