

GAF Authorization To Communicate
With Insurance Broker

Form

Updated 12/14



*Quality You Can Trust...From
North America's Largest Roofing Manufacturer!™*



GAF Authorization to Communicate Directly with Insurance Broker for Insurance Compliance

This form represents authorization for GAF to communicate directly with my insurance broker for the sole purpose of obtaining certificates of insurance and/or other evidence of insurance necessary for insurance compliance within the GAF Certified Contractor Program.

I authorize:

Mail to Address:

GAF
Certified Contractor Program
1 Campus Drive
Parsippany, NJ 07054
888-532-5767 option #3
Email: ccp@gaf.com

To communicate directly with:

Insurance Company/Agent: _____
Address: _____
City, ST, Zip: _____
Contact: _____
Phone: _____

Authorized by:

Company Name: _____
Address: _____
City, ST, Zip: _____
Contact: _____
Phone: _____
GAF Certified Contractor ID #: _____
GAF Territory Manager: _____

Signature: _____ **Date:** _____

Fax To: 973-628-3866