

Insurance Certificate Request Form

Attention Elizabeth or Denise

MY COMPANY (INSURED)	
CONTACT (FIRST AND LAST NAME)	EMAIL
PHONE	FAX
SEND ME A COPY OF THIS CERTIFICATE (CHECK ONE OR MORE):	
<input type="checkbox"/> I DO NOT NEED A COPY	<input type="checkbox"/> EMAIL ME A COPY
<input type="checkbox"/> FAX ME A COPY	

Please issue a Certificate of Insurance to:

COMPANY		ADDITIONAL INSURED	
		YES	NO
ATTENTION	EMAIL		
ADDRESS			FAX
CITY	STATE	ZIP	
PROJECT NAME / JOB NUMBER			
JOB DESCRIPTION			
SEND A COPY OF THIS CERTIFICATE (CHECK ONE OR MORE):			
<input type="checkbox"/> EMAIL A COPY		<input type="checkbox"/> FAX A COPY	

SPECIAL INSTRUCTIONS	CHECK HERE IF REQUEST IS FOR BIDDING AND INFORMATION PURPOSES ONLY

If you would like to enroll in our online certificate tracking program with instant emailing or printing for non-special wording certificates, please contact your account manager. We will no longer be mailing certificates. The certificate you receive in your email or fax is an original. You may distribute it to whoever needs a copy. If you provide the certificate holder's email or fax, we will send it to them for you. We do not take verbal requests over the phone, so please use this form whenever you have a request from your clients.