



621 Clock Tower Commons, Rt 22, Brewster, NY 10509

Call: 800-660-6934

Fax: 845-279-5768

1062 Barnes Road, 3rd Floor Suite 306, Wallingford, CT 06492

Call: 866-793-9999

Fax: 203-269-8155

16 Nooseneck Hill Rd, West Greenwich, RI 02817

Call: 401-822-1000

Fax: 401-385-9987

FAX REQUEST FOR CERTIFICATE OF INSURANCE

FAX REQUEST TO: 845-279-8482

TO: _____

DATE: _____

NAME INSURED: _____ (COMPL-2)

CERTIFICATE HOLDER: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

FAX / PHONE #: _____ (if certificate to be faxed)

JOB SITE ADDRESS: _____

CERTIFICATE HOLDER TO BE LISTED AS ADDITIONAL INSURED: YES NO

WRITTEN CONTRACT AGREEMENT WITH CUSTOMER: YES NO

HOLD HARMLESS AGREEMENT: YES NO
(if yes, must submit wording for approval by insurance company)

OTHER ADDITIONAL INSURED: LIST FULL NAMES & ADDRESS'S AND
RELATIONSHIP TO JOB OR CERTIFICATE HOLDER: (attach other information)

REQUESTED BY _____

