

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATE REQUEST**

TO: CERTIFICATE DEPARTMENT

FAX #: 954-759-7170

FROM: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Preferred

Fax#: \_\_\_\_\_

RE: CERTIFICATE REQUEST

Certificate Holder       Additional Insured (There is a charge)       Waiver of Subrogation (There is a charge)

Please attach your job's certificate requirement sheet to provide insurance requirements. This will insure the correct issuance of the certificate and you will see if your coverage is sufficient or if you need to negotiate them accepting your certificate as is.

Certificate Holders

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Preferred method of Delivery is EMAIL Provide their Email Address:

\_\_\_\_\_

Fax #: \_\_\_\_\_

For Additional Insured, the Insurance company will need to know the relationship between you and the additional insured:

\_\_\_\_\_

Certificate turnaround is 24 to 72 hours unless we need to contact you for more information or the Insurance Company for approval.