



1062 Barnes Road, 3rd Floor Suite 306, Wallingford, CT 06492  
Call: 866-793-9999 Fax: 203-269-8155

621 Clock Tower Commons, Rt 22, Brewster, NY 10509  
Call: 800-660-6934 Fax: 845-279-5774

# 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)

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REQUESTED BY

