

CERTIFICATE REQUEST

NAME OF INSURED (YOUR COMPANY NAME)

CERTIFICATE HOLDER NAME

STREET ADDRESS

CITY

STATE

ZIP

FAX#

ATTN: (WHO??)

ADDITIONAL INSURED

YES

ADDITIONAL INSURED

NO

ADDITIONAL INSURED INFO. (NAME, ADDRESS - OR SAME AS ABOVE)

JOB SITE INFORMATION

SPECIAL REQUIREMENTS:

IF YOU ARE WORKING UNDER A CONTRACT WHICH REQUIRES SPECIAL INFORMATION TO BE LISTED ON A CERTIFICATE OF INSURANCE, PLEASE FAX A COPY OF THOSE REQUIREMENTS ALONG WITH THIS REQUEST, SO THAT WE MAY BETTER SERVE YOU.

FAX ALL REQUESTS TO:
INNOVATIVE INSURANCE CONSULTANTS, INC.
954-340-9456 OR E-MAIL CERTIFICATE.INNOV@BELLSOUTH.NET