

# ***CERTIFICATE REQUEST***

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***NAME OF INSURED (YOUR COMPANY NAME)***

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***CERTIFICATE HOLDER NAME***

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***STREET ADDRESS***

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***CITY***

***STATE***

***ZIP***

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***FAX#  
(WHO??)***

***ATTN:***

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***ADDITIONAL INSURED  
YES***

***ADDITIONAL INSURED  
NO***

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

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***JOB SITE INFORMATION***

***SPECIAL REQUIREMENTS:***

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***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](mailto:CERTIFICATE.INNOV@BELLSOUTH.NET)***