

# Certificate of Insurance Request Form

<b>PLEASE ALLOW A MINIMUM OF 2 WEEKS FOR REVIEW AND PROCESSING</b>									
<b>Location Info:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Location #</td> <td style="width: 30%; padding: 2px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Location Name</td> </tr> <tr> <td style="padding: 2px;">Location Phone #</td> <td style="padding: 2px;">Location Fax#</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Signature of Contact Person</td> </tr> </table>	Location #	Date	Location Name		Location Phone #	Location Fax#	Signature of Contact Person	
	Location #	Date							
	Location Name								
	Location Phone #	Location Fax#							
Signature of Contact Person									
<b>Certificate Holder</b>	<b>Certificate Holder (Business or Person Requesting Proof of your Coverage)</b>								
	Attn Person								
	Address								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">City/State</td> <td style="width: 30%; padding: 2px;">Zip Code</td> </tr> </table>	City/State	Zip Code						
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<b>Certificate Information</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;"><b>Date Due:</b></td> <td style="padding: 2px;"> <input type="checkbox"/> Written    <input type="checkbox"/> Verbal Agreement         </td> </tr> <tr> <td colspan="2" style="padding: 2px;">           If <i>Written</i>, please submit a copy of <b>ENTIRE</b> Contract Agreement prior to signing it.         </td> </tr> </table>	<b>Date Due:</b>	<input type="checkbox"/> Written <input type="checkbox"/> Verbal Agreement	If <i>Written</i> , please submit a copy of <b>ENTIRE</b> Contract Agreement prior to signing it.					
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	Type of Event								
	Date(s) & Times(s)								
	Remarks:								
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<b>PLEASE NOTE: Certificate will not be faxed unless stated in remarks</b>									