



3 Starr Ridge Rd. Suite 100, Brewster, NY 10509  
Toll Free: (800) 660-6934 • Tel: (845) 279-5151 • Fax: (845) 279-5774

750 Old Main St., Suite 203, Rocky Hill, CT 06067  
Tel: (860) 372-4106 • Fax: (860) 372-4160

2435 Nooseneck Hill Road, Coventry, RI 02816  
Tel: (401) 822-1000 • Fax: (401) 385-9987

# 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 INSUREDS: LIST FULL NAMES & ADDRESS'S AND  
RELATIONSHIP TO JOB OR CERTIFICATE HOLDER: (attach other information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY \_\_\_\_\_

