

Sullivan & Associates Insurance and Risk Management
Fax (630) 289-7726

Request for Certificate of Insurance

Date: _____ From: _____

Please send a Certificate of Insurance to:

Name _____ Attn: _____

Address: _____

Job Name and Location: _____

Additional Insured's & Interest (ie, owner, GC, etc): Please include copy of contract wording

Fax Certificate to Holder? Yes ___ No ___ If yes, fax number _____

Do you want a copy faxed to you? Yes ___ No ___ Fax Number: _____

Do you want a copy emailed to you? Yes ___ No ___ Email Address _____

Comments:
