

Request for Certificate of Insurance

Today's Date: ___/___/___ **Send to Fax #: (413) 739-0835 Attn: Marie Proulx**

Requested by: _____ Company Name: _____

Phone: (____) ____ - _____ This request has ____ additional pages.

Certificate Holder: _____

Address: _____

City, State, Zip: _____

Attention: _____

- Required Coverages:
- All Coverages
 - General Liability
 - Workers Compensation
 - Umbrella
 - Automobile Liability
 - Property / Contents
 - Equipment
 - Other: _____

Description: _____
(Job # / Project / Year / Make / Model / VIN / Serial)

- Certificate Holder Must Be Named:
- Additional Insured
 - Loss Payee
 - Mortgagee
 - None – only to show evidence of coverage

Required # of Days for Written Notice of Cancellation: 20 (Standard) 30

- Handling Instructions:
- Mail to Certificate Holder
 - Mail to Certificate Requester
 - FAX to Certificate Holder @ (____) ____ - _____
 - FAX to Certificate Requester @ (____) ____ - _____
 - Other: _____

Comments: _____

NOTE: Please include any written request you may have received from others for this Certificate of Insurance and advise of any additional requirements, if needed. If you have any questions, please contact the Insurance Center of New England at (413) 781-2410 or toll free at (800) 243-8134.