



## Insurance Certificate Request Form

Date of Request: \_\_\_\_\_ Date Certificate Needed: \_\_\_\_\_ RUSH

### CLIENT COMPANY INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### CERTIFICATE HOLDER INFORMATION

Name to be shown on Certificate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact/Attention: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### PROJECT INFORMATION

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Comments:**

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#### Delivery Instructions (Select all that Apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Email Client Company  | <input checked="" type="checkbox"/> Email certificate Holder |
| <input type="checkbox"/> Fax to Client Company | <input type="checkbox"/> Fax to Certificate Holder           |

Complete and fax back to 239-415-1114 or 239-592-9800  
Or email to [eliese@continuumhr.com](mailto:eliese@continuumhr.com) or [webdata@continuumhr.com](mailto:webdata@continuumhr.com)