

# Certificate of Insurance Request Form

Poole Professional – NY, Inc.  
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Pittsford, NY 14534  
Ph: 800-371-1063  
Fax: 877-371-1063

## FROM:

Your Firm's Name:

Contact Person:

Phone number:

## CERTIFICATE HOLDER TO NAME ON FORM:

Company Name:

Attention:

Address:

City, State, ZIP:

Phone # (if needed):

Fax # (if needed):

## COVERAGE INFO TO BE SHOWN: (check your contract for the project information)

### Show Coverages:

ALL

PROFESSIONAL LIABILITY

GENERAL LIABILITY

AUTO LIABILITY

WORKERS COMPENSATION

UMBRELLA/EXCESS LIABILITY

Additional Insured (General Liability **ONLY**)  
(Call with any questions or comments)

Waiver Of Subrogation

X Out "Endeavor To..." Etc.

# Days Notice: (30 Days Is Usual)

Other:

*Professionals Serving Professionals*

[www.PoolePI.com](http://www.PoolePI.com)

