

Certificate of Insurance Request Form

Poole Professional Ltd.
401 Edgewater Place, # 180
Wakefield, MA 01880
Ph: 781-245-5400
Fax: 781-245-5463

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:

- | | |
|--|---|
| <input type="checkbox"/> ALL | <input type="checkbox"/> Additional Insured (General Liability ONLY)
(Call with any questions or comments) |
| <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> Waiver Of Subrogation |
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> X Out "Endeavor To..." Etc. |
| <input type="checkbox"/> AUTO LIABILITY | <input type="checkbox"/> # Days Notice: (30 Days Is Usual) |
| <input type="checkbox"/> WORKERS COMPENSATION | <input type="checkbox"/> Other: |
| <input type="checkbox"/> UMBRELLA/EXCESS LIABILITY | |