

Certificate of Insurance Request Form

Poole Professional – NY, Inc.
 1160F Pittsford-Victor Rd
 Pittsford, NY 14534
 Ph: 800-371-1063
 Fax: 877-371-1063

FROM:

Your Firm's Name:

Contact Person:

Send copy via

			Phone number:	
Email	Fax	Mail	Email (if applicable):	

CERTIFICATE HOLDER TO NAME ON FORM:

Company Name:

Attention:

Address:

City, State, ZIP:

Phone # (if applicable):

Fax # / Email (if applicable):

Send Certificate via (chose all that apply)

Email	Fax	Mail

Special Instructions:

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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 | |

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