



Client Information

Client Number:		
Client Name:		
Address:		
City:	State:	Zip:
Client Phone Number:		
Client Fax Number:		
Client E-mail Address:		

Certificate Holder Information

<i>In order to issue a certificate of insurance a fax number / e-mail address are required</i>		
Certificate Holder's Name:		
Contact:		
Address:		
City:	State:	Zip:
Certificate Holder's Fax Number:		
Certificate Holder's E-mail Address:		
Worksite Address (optional):		
City:	State:	Zip:
Does the Certificate Holder need a Waiver of Subrogation?	Yes	No
Does the Certificate Holder need an Alternate Employer Endorsement?	Yes	No

Method of Delivery

Fax to Holder	Mail to Holder	E-mail to Holder
Fax to Client	Mail to Client	E-mail to Client

PROSPERITY USE ONLY

Received by:	Date:
Date:	Date: