



## CERTIFICATE OF INSURANCE REQUEST

### Requestor's Information

Date requested: \_\_\_\_\_

Requested by: \_\_\_\_\_

### Certificate Holder Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you prefer certificate to be sent  a  or email?

Please list or attach special requirements needed for this certificate (such as jobs, additional insured, loss payees, vehicles, locations, or special items).

Please feel free to attach a sample.

Please send this information to [office@onthespotcraneservices.com](mailto:office@onthespotcraneservices.com) or fax to 3056964001