

**REQUEST FOR CERTIFICATE OF INSURANCE**

*Please report to M3 at (608) 288-0655 or 1-800-272-2443*

*Fax: (608) 273-1725 E-mail: [info@m3ins.com](mailto:info@m3ins.com)*

**Date:** \_\_\_\_\_ **No. of Pages:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**Please issue the certificate to:**

(Name of Certificate Holder) \_\_\_\_\_

(Attn) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(Fax) \_\_\_\_\_

**Coverages required on the certificate:**

- |                          |                           |                          |                        |
|--------------------------|---------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | General Liability         | <input type="checkbox"/> | Automobile Liability   |
| <input type="checkbox"/> | Garage Liability          | <input type="checkbox"/> | Workers' Compensation  |
| <input type="checkbox"/> | Excess/Umbrella Liability | <input type="checkbox"/> | Professional Liability |
| <input type="checkbox"/> | Other: _____              |                          |                        |

**Additional Information:**

Yes      No

      Additional Insured endorsement requested? (Please fax their request to us so we can determine the proper content for issuance of this endorsement.)

      If yes, is the name and address the same as the Certificate Holder shown above?  
If not, please indicate how the Additional Insured endorsement is requested to read:

\_\_\_\_\_

\_\_\_\_\_

**What is the Certificate Holder's interest?** (Indicate project, job, vendor, lessor, etc.)

\_\_\_\_\_

**Special wording required on the certificate:** \_\_\_\_\_

\_\_\_\_\_

*Please feel free to fax any information you may have concerning this certificate request to us for our review.*

*Original certificate will be mailed to holder and a duplicate to you unless otherwise instructed.*