

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

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:

 Is the number of days notice for cancellation other than 10 days? (If yes, please indicate the number of days requested by the Certificate Holder: _____.)

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.