

Foster Insurance Agency, Inc.
Request for Certificate of Insurance
Send to Fax # (978) 345-2514 Attn: Maria Seipold
e-mail: maria@fosterinsurance.com

Date: _____

Insured Name: _____

Phone: _____ **Requested By:** _____

Certificate Holder: _____

Attn: _____

Address: _____

City, State, Zip: _____

Description of Job: _____

Does the certificate holder require they be named as additional insured?

() Yes () No

If yes, is there a written contract? () Yes () No

If yes, explain any special wording or attach insurance requirements.

Delivery Method to Certificate Holder :

Mail **Fax @** _____ **Email @** _____

Delivery Method to Insured:

Mail **Fax @** _____ **Email @** _____

Comments:

