



Request for Certificate of Insurance

Date of Request: _____

Client Company Name: _____

Client Company Email Address: _____

Certificate Holder Information:

Certificate Holder Name: _____

Certificate Holder Address: _____

Certificate Holder Email address: _____

Certificate Holder Fax Number: _____

Please Include Your License Number *(if required on Certificate)*: _____

Please Include Project Name *(if required on Certificate)*: _____

Waiver of Subrogation Information (if required):

Waiver of Subrogation in Favor Of *(Name & Address)*: _____

Name of Project: _____

Location of Project: _____

Approximate Duration of Project: _____

Approximate Payroll During Project Duration: _____

Brief Description of Work to be Performed: _____

***Please note, depending on the Insurance Carrier, a \$100 to \$250 fee will be assessed for each Waiver of Subrogation.
This amount will be billed on your next payroll invoice.*

Please email this request directly to your Payroll Specialist or fax to (407) 897-6509.

***Please allow a 24-hour turnaround time for a Certificate of Insurance,
and a 48-hour turnaround time for a Waiver of Subrogation.***