



**Certificate Fax Hotline: 727-797-0704**  
***REQUEST FOR WORKERS' COMPENSATION***  
***CERTIFICATE***

**(Type or PRINT LEGIBLY)**

**\*\*\* *Required Information***

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

**\*\*\*To:** \_\_\_\_\_  
(CERTIFICATE HOLDER) (CAN NOT BE YOU, OR YOUR COMPANY)

Attention: \_\_\_\_\_

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

**\*\*\*City, State, Zip Code:** \_\_\_\_\_

Fax Number: \_\_\_\_\_

**\*\*\*The state where work is being performed:** \_\_\_\_\_

*(FYI: Additional Insured does not apply to Workers' Compensation)*

Special instructions or project references:

Client Requesting Certificate:

Client Fax Number:

Or E-mail requests to: [certs@frankcrum.com](mailto:certs@frankcrum.com)

(Be sure to include a return fax number for your company.)

Certificate Requests are processed as soon as possible and can take up to 48 hours. Please Contact: 727-799-1229 ext. 1579, 1372 OR 1517

**\*\*\*\*Please Xerox this form for future use**

**\*\*\*\*Cover sheet is not necessary-**