



# Certificate of Insurance Request Form

Name of requestor:

\_\_\_\_\_

PHONE # \_\_\_\_\_

Company name of insured:

\_\_\_\_\_

FAX# \_\_\_\_\_

Certificate Holder Name & Address:

\_\_\_\_\_

PHONE # \_\_\_\_\_

\_\_\_\_\_

FAX# \_\_\_\_\_

ATTN: \_\_\_\_\_

Check box to list as

Additional Insured

How do you want Certificate of Insurance transmitted?

Mail to insured

Fax to insured

Mail to certificate holder

Fax to certificate holder

Email to insured

Email to certificate holder

**Send Form to Downs & Associates, Inc.:**

**[Imecca@downs-insurance.com](mailto:Imecca@downs-insurance.com)**

**Fax 703-834-3159**

**Phone 703-834-3120**