REQUEST FOR INSURANCE CERTIFICATES

The Insurance Shop ®

we shop insurance so you don't have to

1.888.611.SHOP

CLIENT NAME: _____
COMPANY REQUESTING CERT: _____
ATTENTION: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
FAX: _____ **PHONE:** _____
E-MAIL: _____
DATE SUBMITTED: _____
NOTES / INSTRUCTIONS:

INFORMATION RECEIVED BY: **(INITIALS)**

FOR USE BY THE INSURANCE SHOP:

POLICY #:	**INSURANCE COMPANY:**
EFFECTIVE/EXPIRES:	**COVERED AMOUNT:**
DATE COMPLETED &/OR FAXED:	

Send to:

info@insuranceshopllc.com   or fax to: 888.583.3110