

The O'Neil Group – Request a Certificate of Insurance

Date: _____

Certificate Holder's Info

Certificate Holder's Name: _____

Company Name (Commercial Accts.): _____

Certificate Holder's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Requestor's Info (If different from Certificate Holder)

I am requesting: Certificate of Insurance on behalf of the Certificate Holder.

Name of Requestor: _____

Requestor's Phone: _____

Requestor's Email: _____

Certificate Info:

1) Does certificate holder need to be named as additional insured? Yes No

2) Coverages requested: _____

3) Any special wording required? Yes No

If YES, Please explain: _____

MAIL TO: 111 High Street Wadsworth, Ohio 44281 / FAX TO: 330-336-5697 / EMAIL USING TOP BUTTON