

FAX REQUEST for CERTIFICATE of INSURANCE

Date: _____ Time Sent: _____

To: The Ware Company - Fax #(757) 671-9073
Attn: Ellie Bertram
or email to wareco@wareinsurance.com

Phone #:

Person requesting: _____

Co name: _____

Send certificate of insurance to:

Co name: _____

Attn: _____

Address: _____

City, state, zip _____

Fax # _____ (needed **only** if we are to fax)

Reference: _____

Are the following needed?

*Additional Insured with respects to general liability _____

*Government cancellation clause attachment _____

*Other special requirements or wording?

NOTE: A copy of the certificate will be sent to you.

If we are faxing the certificate of insurance, please advise if anyone is **REQUIRING** that the original also be sent. _____ (check here)