

# Certificate of Insurance Request Form

Poole Professional Ltd.  
107 Audubon Road, Suite 305  
Wakefield, MA 01880  
Ph: 781-245-5400  
Fax: 781-245-5463

## FROM:

Your Firm's Name:

Contact Person:

Send copy via

		Phone number:
Email	Fax	Mail
		Email (if applicable):

## CERTIFICATE HOLDER TO NAME ON FORM:

Company Name:

Attention:

Address:

City, State, ZIP:

Phone # (if applicable):

Fax # / Email (if applicable):

Send Certificate via (chose all that apply)

Email	Fax	Mail

Special Instructions:

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## COVERAGE INFO TO BE SHOWN: (check your contract for the project information)

Show Coverages:

- |  |   |
|--|---|
| <input type="checkbox"/> ALL                       | <input type="checkbox"/> Additional Insured (General Liability <b>ONLY</b> )<br>(Call with any questions or comments) |
| <input type="checkbox"/> PROFESSIONAL LIABILITY    | <input type="checkbox"/> Waiver Of Subrogation  |
| <input type="checkbox"/> GENERAL LIABILITY         | <input type="checkbox"/> X Out "Endeavor To..." Etc.  |
| <input type="checkbox"/> AUTO LIABILITY            | <input type="checkbox"/> # Days Notice: (30 Days Is Usual)  |
| <input type="checkbox"/> WORKERS COMPENSATION      | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> UMBRELLA/EXCESS LIABILITY |   |

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