



*Providing workers' comp, payroll  
and insurance services...*

## **Certificate of Liability Insurance Request**

Please complete the following form to request a Certificate of Insurance and then **FAX** it back to **813-226-2652**.

Your Business Name: \_\_\_\_\_

Your Business Address: \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Address: \_\_\_\_\_

Fax Number to send certificate to: \_\_\_\_\_

Special Provisions (i.e. certificate holder listed as an additional insured):

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