

REQUEST FOR CERTIFICATE OF INSURANCE

TO: THE BREHMER AGENCY, INC. PHONE (262) 781-3714 FAX: (262) 781-6049

DATE: _____

NAME: _____ INSURED: _____

PHONE: _____ FAX: _____

NAME AND ADDRESS OF CERTIFICATE HOLDER:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ATTENTION: _____ FAX NUMBER: _____

SPECIFIC PROJECT AND JOB NUMBER: _____ (Attach any Sample Certificates)

ADDITIONAL INSURED (only if required by certificate holder): _____ NO _____ YES*

*Additional Insured IF different than certificate holder: _____

Address: _____

OF DAYS PRIOR NOTICE OF CANCELLATION TO BE GIVEN _____ (30 unless otherwise requested)

OTHER SPECIAL PROVISIONS

MAIL/ FAX ORIGINAL CERTIFICATE TO:

_____ MAIL TO CERTIFICATE HOLDER & COPY TO ME

_____ FAX TO ME AND I WILL FORWARD IT ON

_____ FAX TO _____