

**CERTIFICATE OF INSURANCE**  
***FAST FAX REQUEST***

Date of Request \_\_\_\_\_

Your Company Name \_\_\_\_\_

Your Name for Follow-up \_\_\_\_\_

Certificate Holder \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fax # & Contact Person  
*(if fax is requested)* \_\_\_\_\_

What is the certificate holder's interest in the project? (i.e. building owner, general contractor)

\_\_\_\_\_

Additional Insured status required?       No       Yes



**FAX TO: 630.897.2385**

**ATTN: JUDY OR LOUISE**