

REQUEST FOR CERTIFICATE OF INSURANCE

TO: GRAHAM-NAYLOR AGENCY, INC.
ATTENTION: _____
FAX NUMBER: 770-988-8347

DATE: _____
PAGES TO FOLLOW: _____

INSURED: _____

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|--------------------------------------|---|
| SEND CERTIFICATE TO: (HOLDER) | JOB/PROJECT NAME - DESCRIPTION - NUMBER: |
|--------------------------------------|---|

- NAME CERTIFICATE HOLDER AS ADDITIONAL INSURED
- 30-DAY NOTICE OF CANCELLATION NEEDED
- NEED WAIVER OF SUBROGATION on WORK COMP GENERAL LIABILITY AUTOMOBILE
- PRIMARY INSURANCE CLAUSE NEEDED
- OTHER: (See Below)

- SEE ATTACHED INSTRUCTIONS
- HARD COPY OF CERTIFICATE NEEDS TO BE SENT TO: HOLDER INSURED
- FAX CERTIFICATE TO: _____
FAX NUMBER: _____
ATTENTION: _____

| <u>REQUESTORS NAME</u> | <u>PHONE #</u> | <u>FAX #</u> | <u>E-MAIL ADDRESS</u> |
|------------------------|----------------|--------------|-----------------------|
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