



# ROGERS & GRAY INSURANCE

Fax: 877.816.2156 • Mail@RogersGray.com

## CERTIFICATE OF INSURANCE REQUEST FORM

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Business Name)

By: \_\_\_\_\_  
(Requested)

### Prepare a Certificate of Insurance to the following:

WRITTEN CONTRACT

CURRENT POLICY TERM (CHECK ONE)

NO WRITTEN CONTRACT

PRIOR TERM (CHECK ONE)

AUTO  WORKERS COMP\*  GENERAL LIABILITY  UMBRELLA  OTHER: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Special Conditions: \_\_\_\_\_

Additional Insured (if required):  Yes  No

Other: Provide Project Specifications, Contractual Insurance requirements and Example Certificates if available.

### Return To:

Email: \_\_\_\_\_

Fax to: ( \_\_\_\_\_ ) \_\_\_\_\_

Mail copy to Insured

Other: \_\_\_\_\_

\* Note: Certificates for Workers Compensation policies written through the Massachusetts Workers Compensation Risk plan must be issued directly by the Insurance Company writing the Policy. Rogers & Gray will order the certificate which will be issued by the carrier within two (2) business days.

**CERTIFICATE WILL BE MAILED, FAXED, OR EMAILED PER YOUR REQUEST TO THE CERTIFICATE HOLDER AND A COPY KEPT ON FILE FOR THE INSURED UNLESS INSTRUCTED OTHERWISE. CERTIFICATE WILL BE AVAILABLE WITHIN 24 HOURS.**