

# Certificate of Insurance Request Form

Wortley/Poole Professional Ltd.  
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Philadelphia, PA 19103  
Ph: 215-564-6970  
Fax: 215-564-6975

## FROM:

Your Firm's Name:

Contact Person:

Phone number:

## CERTIFICATE HOLDER TO NAME ON FORM:

Company Name:

Attention:

Address:

City, State, ZIP:

Phone # (if needed):

Fax # (if needed):

## COVERAGE INFO TO BE SHOWN: (check your contract for the project information)

### Show Coverages:

ALL

PROFESSIONAL LIABILITY

GENERAL LIABILITY

AUTO LIABILITY

WORKERS COMPENSATION

UMBRELLA/EXCESS LIABILITY

Additional Insured (General Liability **ONLY**)  
(Call with any questions or comments)

Waiver Of Subrogation

X Out "Endeavor To..." Etc.

# Days Notice: (30 Days Is Usual)

Other:

*Professionals Serving Professionals*

[www.WortleyPoole.com](http://www.WortleyPoole.com)

