

Certificate of Insurance Request Form

Poole Professional – NY, Inc.
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Pittsford, NY 14534
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*Please send requests via email to Sandye Miller at smiller@poole-ny.com
and CC: Maria Boiano at mboiano@poole-ny.com*

FROM:

Your Firm's Name:

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Contact Person:

	Email Address:	
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CERTIFICATE HOLDER TO NAME ON FORM:

Company Name:

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Attention:

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Address:

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City, State, ZIP:

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Email:

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Email to Certificate Holder (Y/N):

Yes	No
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Special Instructions:

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

Show Coverages:

- | | |
|--|---|
| <input type="checkbox"/> ALL | <input type="checkbox"/> Additional Insured (General Liability, Auto and Umbrella) |
| <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> Waiver Of Subrogation |
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> DBL Certificate (DB120.1) |
| <input type="checkbox"/> AUTO LIABILITY | <input type="checkbox"/> Workers Compensation Certificate (C105.2) |
| <input type="checkbox"/> WORKERS COMPENSATION | <input type="checkbox"/> Other: |
| <input type="checkbox"/> UMBRELLA/EXCESS LIABILITY | |

Professionals Serving Professionals

