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**INFORMATION FOR CERTIFICATE OF INSURANCE**

**Our Insured** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Certificate Holder:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**Certificate needed for following coverages:**

**General Liability** \_\_\_\_\_

**Automobile Liability** \_\_\_\_\_

**Automobile Physical Damage** \_\_\_\_\_

**Workers Compensation** \_\_\_\_\_

**Contractors Equipmt Fltr** \_\_\_\_\_

**NYS - DBL** \_\_\_\_\_

**Other** \_\_\_\_\_

**Date and time call taken** \_\_\_\_\_

**By whom** \_\_\_\_\_

**Certificate completed** \_\_\_\_\_