

**REQUEST OF CERTIFICATE OF INSURANCE**

URGENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

Fax a copy to the insured's fax # \_\_\_\_\_ YES \_\_\_\_\_ NO

Note to Insured/Freight Brokers: When requesting Certificates of Insurance, please complete this form and fax it to the following:

Attn: Insurance Customer Service Department

Fax this form to: 800-719-0714 OR EMAIL TO: [insurancecert@gmail.com](mailto:insurancecert@gmail.com)

**Insured/Client** \_\_\_\_\_

**CERT HOLDER'S INFO:**

**Note to insurance customer Service: PLEASE FAX A CERTIFICATE OF INSURANCE TO THE FOLLOWING ADDRESS:**

**ICC/MC#** \_\_\_\_\_ **OR** **DOT#** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Mail Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

\* PLEASE PROVIDE DOT OR MC # AND EMAIL ADDRESS OF THE CERT HOLDER. WE DON'T NEED THE ADDRESS. THANKS.