



## CERTIFICATE OF INSURANCE REQUEST

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

Policy Number: \_\_\_\_\_

### Certificate Holder

(Please list each employee involved)

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

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Is the certificate holder also an additional insured or lien holder? *(please circle)*      Yes      No  
*(If a sample certificate is provided, please forward)*

Description/Job Name/Job Number *(if applicable)*: \_\_\_\_\_

Is there a per project limit? If so, what amount? \_\_\_\_\_

Send completed certificate via *(please circle)*:      Email      Fax      Mail

**\*Please note this is an in office form for The Piedmont Group and for file purposes only\***

Fax or e-mail completed forms to (301) 865-9033 or [info@tpgins.net](mailto:info@tpgins.net).