

REQUEST FOR CERTIFICATE OF INSURANCE

TO: AEGIS INSURANCE SERVICES, INC.  
5755 NORTH POINT PARKWAY, #44  
ALPHARETTA, GA 30022

770-360-5565 PHONE  
770-667-8348 FAX

DATE: \_\_\_\_\_

FROM:

CERTIFICATE HOLDER: (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FAX NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDITIONAL INSURED YES \_\_\_\_\_ NO \_\_\_\_\_

ANY ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_