



Certificate Request

Please complete and return this form to:

Fax: 508.653.7180
Email: info@ellisinsurance.com
Mail: Ellis Insurance, 5 Whittier St., 4th floor
Framingham, MA 01701

Requestor name _____

Date _____

Type of certificate being requested

Auto Liability Property Workers' compensation

Account information

Business name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Certificate holder

Business/entity name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Attention _____



Certificate Request

Is any party requesting to be "Additional Insured"? Yes No

If yes, provide additional insured's name _____

Additional insured's interest _____

Operation, location & any special requests

Reason for request, description of job, type of equipment rented, etc. _____

Certificate should be returned to requestor via

Email Fax USPS Other _____