

# Certificate Holder Request

Fax Cover Sheet

Date: \_\_\_\_\_



Total Pages (cover sheet included) \_\_\_\_\_

To: Arms Insurance Agency Inc. - Commercial Department

Fax # 616 954-9855

From: \_\_\_\_\_

For your client: \_\_\_\_\_

Please create a Certificate of Liability Insurance document containing the following company as the Certificate Holder:

Holder's Name: \_\_\_\_\_

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

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

City, State, Zip \_\_\_\_\_

Holder's Phone #: \_\_\_\_\_

Please send a copy of the certificate to Fax # \_\_\_\_\_

If you have any questions, please contact: \_\_\_\_\_

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