

# KEEVILY | SPERO WHITELAW INC

## CERTIFICATE REQUEST FAX FORM

TO: KEEVILY SPERO-WHITELAW, INC.

FAX #: (914) 381-1134

ATTN: \_\_\_\_\_

FROM (INSURED): \_\_\_\_\_

INDIVIDUAL: \_\_\_\_\_ POLICY#: \_\_\_\_\_

CERTIFICATES REQUIRED:

WORKERS COMP  GENERAL INSURANCE (General Liability/Auto)  NY DBL

CERTIFICATE HOLDER:

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

JOB LOCATION:

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

NUMBER OF DAYS CANCELLATION REQUIRED (IF OTHER THAN 5 DAYS): \_\_\_\_\_

ADDITIONAL INFO (I.E. ADDITIONAL INSURED'S ETC) OR INSTRUCTIONS:

PLEASE NOTE: THERE ARE NO ADDITIONAL INSUREDS ON WORKERS COMP CERTIFICATES

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

IS THERE A COPY OF THE INSURANCE REQUIREMENTS ATTACHED? YES  NO

IF THE NAMED INSURED OR ADDRESS IS DIFFERENT (IE: ENTITIES, LICENSEE ADDRESS), PLEASE  
NOTE HERE:

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

PLEASE SEND THE CERTIFICATES IN THIS MANNER (CHECK ONE):

- MAIL ALL COPIES TO THE INSURED      -OR-  
 MAIL ONE COPY TO THE INSURED AND ONE TO THE CERTIFICATE HOLDER (1&1)

THE CERTIFICATE NEEDS TO BE FAXED: YES  NO

1. FAX TO: \_\_\_\_\_ 2. FAX TO: \_\_\_\_\_

FAX #: \_\_\_\_\_ FAX #: \_\_\_\_\_