

First Commercial Insurance Agency  
P.O. Box 295  
Cassadaga, FL 32706  
(386) 775-1781 FAX (386) 775-3666

## Certificate of Insurance Request Form

Certificate requests will only be accepted by fax to (386) 775-3666 or email to [michelle@firstcommfl.com](mailto:michelle@firstcommfl.com). Please fill out certificate holder information completely and accurately. **Allow 24 to 48 hours for certificates to be processed.**

### **Insured's Information** (this is your contact information)

Name:

Contact:

Phone Number:

### **Certificate Holder Information**

Name:

Address:

Fax or Email to:

Contact (if applicable):

Phone

Special Wording (if applicable):

Is the Certificate Holder requesting to be named as Additional Insured:    YES    NO

(Additional Insureds added to the policy may incur additional charges)

**\*Please fill out certificate holder information completely and accurately.**