



INSURANCE SERVICES, INC.

Request for a Certificate

Insured Data:

Name of Insured _____
Contact name _____
Phone / Fax / Email _____

Certificate Requested For:

Name _____
Attention _____
Address _____
City, State, Zip _____
Phone _____
Fax and/or Email _____

Relationship of certificate holder to insured (very important):

Specific requirements to be noted on the certificate:

Additional data and pertinent information: _____

Is this certificate holder a:

Mortgagee
Lien Holder
Loss Payee
Additional Insured

Disclaimers:

- There may be an additional charge for added loss payees and/or additional interests.
- This certificate request cannot change or alter coverage. The insurance policy is the only authoritative document.
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Please send your completed form by fax or email:
517-347-6970 info@vossins.com