

Certificate of Insurance Request Form

Poole Professional Ltd.
401 Edgewater Place, # 180
Wakefield, MA 01880
Ph: 781-245-5400
Fax: 781-245-5463

FROM:

Your Firm's Name:

Contact Person:

Phone number:

CERTIFICATE HOLDER TO NAME ON FORM:

Company Name:

Attention:

Address:

City, State, ZIP:

Phone # (if needed):

Fax # (if needed):

COVERAGE INFO TO BE SHOWN: (check your contract for the project information)

Show Coverages:

ALL

PROFESSIONAL LIABILITY

GENERAL LIABILITY

AUTO LIABILITY

WORKERS COMPENSATION

UMBRELLA/EXCESS LIABILITY

Additional Insured (General Liability **ONLY**)
(Call with any questions or comments)

Waiver Of Subrogation

X Out "Endeavor To..." Etc.

Days Notice: (30 Days Is Usual)

Other:

Professionals Serving Professionals

www.PoolePI.com



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