



Certificate Fax Hotline: 727-797-0704

***REQUEST FOR WORKERS' COMPENSATION
CERTIFICATE***

(Type or PRINT LEGIBLY)

******Required Information***

Date: _____

******To:*** _____
(CERTIFICATE HOLDER) (CAN NOT BE YOU, OR YOUR COMPANY)

Attention: _____

******Address:*** _____

******City, State, Zip Code:*** _____

Fax Number: _____

******The state where work is being performed:*** _____

(FYI: Additional Insured does not apply to Workers' Compensation)

Special instructions or project references:

Client Requesting Certificate:

Client Fax Number :

Or E-mail requests to: acord@frankcrum.com

(Be sure to include a return fax number for your company.)

Certificate Requests are processed as soon as possible and can take

up to 48 hours. Please Contact: 727-799-1229 ext. 1579, 1372 OR 1517

******Please xerox this form for future use***

******* Cover sheet is not necessary-***