

This form must be completed in its entirety.

Send all correspondence related to certificates of insurance to [certs@vensure.com](mailto:certs@vensure.com)

### Request

Request Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Client Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description and Locations of Operations/Vehicles and Special Items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Certificate Holder

Certificate Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please save and email this document to [certs@vensure.com](mailto:certs@vensure.com) as an attachment.**

If you have any questions, please contact Tiffany Meyer at 480-993-2650 ext. 6243

or via e-mail at [tiffany.meyer@vensure.com](mailto:tiffany.meyer@vensure.com)