



**Insurance Certificate Request**

Requested by \_\_\_\_\_ Date \_\_\_\_\_

**Alliance HR Client:**

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

**Certificate Holder for Client**

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Jobsite and Address \_\_\_\_\_

- Regular Certificate of Insurance: Free
- Certificate with Alternate Employer Endorsement: Free
- Certificate with Waiver of Subrogation: 1st Certificate Free, then \$100
  - Job site Address is mandatory for Waivers of subrogation

**\*\* Please email this form to [clients@alliancehrllc.com](mailto:clients@alliancehrllc.com) or Fax it to 877-513-5976**