

REQUEST FOR CERTIFICATE OF INSURANCE
AEGIS INSURANCE SERVICES, INC
5755 NORTH POINT PARKWAY, #277
ALPHARETTA, GA. 30022
PHONE: 770-360-5565
FAX: 770-667-8348
certificates@aegis-online.com

Requested by: (name, email) _____

Insured name and address: _____

Certificate Holder: (Complete Name and Address)

Re: (Tenant name, Apt #, Move date, Property location)

Endorsement requirements: (check appropriate box)

Coverage	Additional Insured	Waiver of Subrogation	Primary
General Liability			
Auto			
Work Comp	N/A		N/A

List Additional Insured:

Return certificate to: (provide email(s) and/or fax number)

