



# Rosenkilde & Associates

Insurance Agents & Brokers (410)-833-7666 FAX TO: (410)-833-3564

Please email requests to: [Certificates@rarisk.com](mailto:Certificates@rarisk.com)

## Certificate Request Form For:

Policy Holder Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

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

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## Turn Around Time for COI to be Issued:

Date of Request: \_\_\_\_\_

\_\_\_ By the end of Business Day \_\_\_ 24 Hours

## Certificate Holder:

Name: \_\_\_\_\_

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

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## Preferred Method of Sending COI:

\_\_\_ Send Directly to Holder \_\_\_ Send to holder & copy to client \_\_\_ Send to client only

Method of sending: \_\_\_ email \_\_\_ fax \_\_\_ mail

**Please Include Any and ALL Specific COI Language/ Job Description/ Etc...:**

Are there additional pages? \_\_\_ Yes \_\_\_ No. If so, how many? \_\_\_