

Atlantic Risk Management

CORPORATION

INSURANCE • BONDING
CORPORATE BENEFITS

CERTIFICATE OF INSURANCE

Date: _____ Time: _____

Name: _____ Phone #: _____

Insured's Company Name: _____

Certificate Holder: _____

Attn: _____

Complete Address: _____

Description: _____

Additional Insured: _____

Loss Payee: _____

Mail Original to Cert. Holder/Copy to Insured _____

Mail Original & Copy to Insured _____

Fax to: Holder: _____

Insured: _____

A COPY OF THE APPLICABLE CONTRACT SHOULD BE PROVIDED PRIOR TO SIGNING TO ENSURE THAT INSURANCE REQUIREMENTS ARE MET.
PLEASE NOTE: DAMAGE TO THE WORK MAY BE YOUR RESPONSIBILITY EVEN IF PROPERTY INSURANCE IS NOT REQUIRED.