

Certificate Request Form

This form must be completed in its entirety.

Send all correspondence related to certificates of insurance to wcdept@human-capital.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 EMAIL OR FAX COMPLETED FORM TO:

E-Mail: wcdept@human-capital.com

Fax: 248-204-0722