



1940 Hobbton Hwy 701 N.
P.O. Box 67
Clinton, NC 28329

Request for:
CHANGES TO YOUR COVERAGE

Call or fax us your request:
Phone: 910-592-4700
Fax: 910592-6464

From time to time you may be asked to provide a certificate of insurance which will evidence either property coverage, auto coverage, liability coverage, etc., is in effect.

Your Business Name _____

Certificate Holder or Party Requesting this document:

Name of Firm: _____

Attention: _____

Address: _____

Phone: _____ Fax: _____

Would you like a copy: Yes No

What interest does this party have by requesting this form:

- Evidence of General Liability
- Evidence of Auto Insurance
- Evidence of Workers' Compensation

Are there any other requirements we need to include: