



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

Request for:  
**CERTIFICATE OF INSURANCE**

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:**