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**REQUIRED INFORMATION TO BE OBTAINED BEFORE
REQUESTING A CERTIFICATE OF INSURANCE**

NAME ON MY POLICY _____

MY POLICY NUMBER(S) _____

MY E-MAIL ADDRESS: _____

PLEASE FORWARD A COPY TO ME (CIRCLE ONE): YES - NO BY: E-MAIL – FAX - MAIL

THE FOLLOWING INFORMATION MUST BE OBTAINED BY YOU AND IS REQUIRED BEFORE WE CAN
ISSUE A CERTIFICATE OF INSURANCE. DO NOT GUESS! ASK FOR THIS INFORMATION.

IT MUST BE PRECISE. WE WANT TO PROVIDE YOU WITH A CORRECT AND ACCURATE
CERTIFICATE THE FIRST TIME YOU REQUEST IT AND AS QUICKLY AS POSSIBLE. ASK THE PERSON
REQUESTING THE CERTIFICATE FOR THIS INFORMATION AND IF POSSIBLE FORWARD A
“SAMPLE” CERTIFICATE TO US WITH THIS INFORMATION.

CERTIFICATE HOLDER'S NAME _____

CERTIFICATE HOLDER'S ADDRESS _____

E-MAIL ADDRESS OF REQUESTING HOLDER _____

OR FAX NUMBER _____

DOES THE HOLDER REQUIRE TO BE ADDED AS AN ADDITIONAL INSURED ON YOUR POLICY?
ASK THE REQUESTOR! (CIRCLE ONE) YES or NO

ANY “SPECIAL WORDING” BEING REQUESTED? ASK!

FAX OR E-MAIL THIS FORM TO MONEYMAX GROUP OFFICES:

FAX: 585-598-3740

E-MAIL: CertificateRequest@MoneyMaxGroup.com