

# CERTIFICATE OF INSURANCE REQUEST FORM

**TO:** Commercial Lines Department  
**FAX #:** (843) 293-2532  
**E-MAIL:** [Info@statewidegroup.com](mailto:Info@statewidegroup.com)

**Date:** \_\_\_\_\_  
**Request By:** \_\_\_\_\_  
**Named Insured:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Email or FAX #:** \_\_\_\_\_

## Please Issue Certificate of Insurance For:

**Certificate Holder:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Email or FAX #:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**Additional Insured:** \_\_\_\_\_

**Give reason additional insured is required:**

**NOTE:** When requesting additional insureds on certificate or policy, you must attach a copy of the insurance specification section from your contract and is subject to underwriting approval.

**PLEASE PROVIDE E-MAIL ADDRESSES FOR BOTH THE INSURED AND CERTIFICATE HOLDER IF AVAILABLE.**

**For quicker processing, the completed form can be saved to your computer, attached to an email, and sent directly to [info@statewidegroup.com](mailto:info@statewidegroup.com)**



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