



CERTIFICATE OF INSURANCE REQUEST FORM

Please issue a certificate of insurance to the following Certificate Holder

Company Name	
Address	
City, State, Zip Code	
Attention	
Fax Number	

Subscriber and Co-Insured of Employee Pro, an AMS Staff Leasing Company.

Client Name _____

Name of Contact _____

Telephone Number (_____) _____ Fax Number (_____) _____

Job Name / Contact Number _____

Special Instruction _____

Note: To insure accuracy, ALL Certificates of Insurance requests must be faxed or mailed to Employee Pro before issuance.

FAX TO: 281.398.1960