



# CERTIFICATE OF INSURANCE REQUEST FORM

Please issue a certificate of insurance to the following Certificate Holder

<b>Company Name</b>	
<b>Address</b>	
<b>City, State, Zip Code</b>	
<b>Attention</b>	
<b>Fax Number</b>	

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 \_\_\_\_\_

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

FAX TO: 281.398.1960