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DURKIN & DEVRIES INSURANCE AGENCY, LLC

Commercial Lines Fax line #978-692-6482

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REQUEST FOR CERTIFICATE OF INSURANCE

DATE; _____

FROM:

Mail Original to: INSURED AND CERT HOLDER

Fax Copy to: Insured Certificate Holder Other

CERT HOLDER AT: _____

CERTIFICATE HOLDER

Name _____

Address _____

City, State, Zip _____

Attention _____

ADDITIONAL INSURED(S) (IF ANY)

Name _____

Address _____

City, State, Zip _____

PROJECT

Description/Location _____

ADDITIONAL COVERAGE (IF ANY)

PLEASE FORWARD COPY OF SPECIFIC WORDING FROM CERT REQUEST

