CERTIFICATE REQUEST

PRINT FORM & FAX BACK TO (813) 253-2676

Insured's Name: _____ Policy Number: _____

Fax/Email: _____

PLEASE NOTE: IF YOUR POLICY IS WRITTEN THROUGH HULL & CO; SHELLY; CANAL; TAPCO; OR SIU THAT THOSE CERTIFICATES MUST BE REQUESTED TO THE COMPANY DIRECTLY AND CANNOT BE PRODUCED BY OUR OFFICE. WE WILL ENDEAVOR TO OBTAIN THEM FOR YOU AS QUICKLY AS POSSIBLE)

*NAME & ADDRESS FOR CERTIFICATE HOLDER:

_____

_____

_____

(COMPLETE ADDRESS NEEDED)

❑ CERTIFICATE REQUESTED WITH VEHICLE LIST FOR ALL VEHICLES ON POLICY

OR

❑ CERTIFICATE NEEDED FOR SPECIFIC VEHICLE (S)

_____

(VEHICLE INFORMATION)

RELATIONSHIP OF CERTIFICATE HOLDER TO INSURED:

❑ CERTIFICATE HOLDER ONLY *❑ ADDITIONAL INSURED *❑ LIEN HOLDER/LOSS PAYEE

IF CERTIFICATE HOLDER TO BE AN ADDITIONAL INSURED OR LOSS PAYEE WE MUST RECEIVE SIGNED REQUEST

OTHER SPECIAL INSTRUCTIONS/NOTATIONS/SPECIAL VERBIAGE NEEDED FOR CERTIFICATE:

_____

	COMMONLY USED CERTIFICATE HOLDERS
❑	FOR INSURANCE PURPOSES
❑	BREVARD COUNTY
❑	BROWARD COUNTY
❑	CITY OF JACKSONVILLE
❑	CITY OF ORLANDO
❑	CITY OF SARASOTA
❑	CITY OF ST. PETERSBURG
❑	DADE COUNTY CONSUMER AFFAIRS
❑	GOLA
❑	HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
❑	JACKSONVILLE AVIATION AUTHORITY
❑	MIAMI DADE AVIATION
❑	ORLANDO CONVENTION CENTER
❑	ORLANDO INTERNATIONAL AIRPORT
❑	PALM BEACH COUNTY COMMISSIONER
❑	PORT CANAVERAL
❑	PORT OF MANATEE
❑	SARASOTA BRADENTON AIRPORT
❑	TAMPA INTERNATIONAL AIRPORT/HILLSBOROUGH COUNTY AVIATION
❑	WEST PALM BEACH CONSUMER AFFAIRS

DELIVERY METHOD FOR CERTIFICATE HOLDER:

❑ FAX _____

❑ E- MAIL _____

❑ MAIL

SEND COPY OF CERTIFICATE TO INSURED VIA:

❑ FAX _____

❑ E- MAIL _____

❑ MAIL

CERTIFICATE PROCESSING WILL BE HANDLED AS QUICKLY AS POSSIBLE

❑ **URGENT REQUEST ISSUE AS SOON AS POSSIBLE**

Name of Person Requesting Change: _____

Sign Here: _____ Date: _____

PROFESSIONAL INSURANCE CENTER

2003 West Kennedy Boulevard
Tampa, Florida 33606
Fax (813)253-2676 Phone (813) 251-4900
E-mail:Professional-Insurance@PICONLINE.COM