

PHONE:  
410-337-9755  
1-800-356-6563



FAX:  
410-337-0551  
1-800-821-5774

**HMS Insurance Associates, Inc.**  
10751 Falls Road, Suite 256  
P.O. Box 1427  
Brooklandville, Maryland 21022  
[www.hmsia.com](http://www.hmsia.com)

**CERTIFICATE OF INSURANCE REQUEST FORM**

Attn: \_\_\_\_\_

Named Insured (COMPANY): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name & Address of Certificate Holder:

(Company/person requesting your certificate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate Holder Fax Number/Email address: \_\_\_\_\_

\_\_\_\_\_

Job Name, Description, and Job/Project Number:

\_\_\_\_\_  
\_\_\_\_\_

Written Contract or Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Insured: \_\_\_\_\_ Loss Payee: \_\_\_\_\_

\_\_\_\_\_

Cancellation Notice – Number of Days: \_\_\_\_\_

Mailing instructions: Regular: \_\_\_\_\_

Fax instructions: Fax No: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

*\* Please contact our office personally for the following requirements: Waiver of Subrogation, Hold Harmless Agreements, Indemnification Agreement, and Other Special Coverages.*

*\* Please contact our office if confirmation of this request is not received within 5 days.*