

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



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

**HMS Insurance Associates, Inc.**  
20 Wight Avenue, Suite 300  
P.O. Box 1750  
Cockeysville, Maryland 21030  
[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.*