

# Certificate of Insurance Request Form

E-mail to: [coi@ssiai.com](mailto:coi@ssiai.com) Or Fax to 904-261-1124

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ a.m. / p.m.

REQUESTED BY: \_\_\_\_\_

INSURED: R&R EXPRESS INC

CERT. HOLDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

ATTENTION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX #: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF CERT:  Auto Liability  
 Cargo  
 General Liability  
 Occupational Accident  
 Non-Trucking  
 Physical Damage  
 OTHER \_\_\_\_\_

ADDITIONAL / DESIGNATED INSURED:  NO  YES What coverage? \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Truck Description: \_\_\_\_\_  
Unit #                      Year                      Make                      VIN

Additional Info: \_\_\_\_\_

**NOTE: All of the above must be completed in order to request a certificate of insurance. Please attach any additional supporting documentation for this request.**