

CERTIFICATE OF INSURANCE REQUEST FORM

Email to: coi@ssiai.com

Or

Fax to: 940-261-1124

DATE: _____ TIME: _____

REQUESTED BY: _____

INSURED: _____

CUSTOMER: _____

ADDRESS: _____

ATTENTION: _____

FAX#: _____

PHONE: _____

EMAIL: _____

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

ADDITIONAL INSURED: NO YES Amount of Coverage: \$ _____

APPROVED BY: _____

TRUCK DESCRIPTION: _____

Unit#	Year	Make	VIN
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ADDITIONAL INFO: _____
