



Fax to Doreen @ 850-234-3505
dmoore@workcompspecialists.com

Date: _____

Requested By: _____

Insured: _____

Certificate Holder: _____

Address: _____

Fax #: _____

Job Name / #: _____

Waiver of Subrogation Requested ()

Forward Request to General Liability Carrier ()

Fax # _____

Email to Insured (preferred) ()

Request a faxed copy for our records: ()

Fax # _____

****Please note that Additional Insured's cannot not be listed on a Certificate of Insurance for Workers' Comp Insurance.