



**SLATER & ASSOCIATES
INSURANCE, INC.**

Commercial Certificate of Insurance Request Form

Fax Completed Forms to (503) 624-0846

INSURED

Company Name	
Contact Person Name	
Address	
City, State, Zip	
Phone	

RECIPIENT

Certificate Holder Name	
Attention	
Address	
City, State, Zip	
Phone	
Fax (if desired)	
Email (if desired)	

CERTIFICATE DETAILS

Policies to Include	General Liability, Automobile & Workers' Compensation (when applicable). Please note if your requirements differ.
Additional Insured Required?	Yes / No (circle). If yes, what is your relationship to the certificate holder:
Special Requests or Comments	