CERTIFICATE OF INSURANCE REQUEST

DATE: _____

TO: **UNDERWRITING DEPARTMENT**

FROM: _____ _____
GROUP NAME POLICY NUMBER

PLEASE SEND CERTIFICATE TO THE FOLLOWING:

CERTIFICATE HOLDER _____
COMPANY NAME

ADDRESS _____
STREET

_____
CITY STATE ZIP CODE

ATTENTION: _____

PHONE NUMBER: _____

FAX NUMBER: _____

DATE REQUIRED: _____

FAX REQUEST TO:

RUSS BOSWORTH
AMERICAN GROUP INSURANCE
12700 PARK CENTRAL DRIVE, STE 460
DALLAS, TX 75251
(800) 492-6345 or (972)701-1200
Fax (972) 960-6058

russ@americangroupinsurance.com
sherry@americangroupinsurance.com

COPY ALWAYS SENT TO GROUP