

Shepherd Business Solutions, Inc. 1955 N Val Vista - Suite 103 Mesa, AZ 85213

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## REQUEST FOR CERTIFICATE OF INSURANCE

Date:		Client:			
Line of Insurance:	Workers Comp	General Liability	Auto	Umbrella	Other (note below)
Issue Certificate to:	Legal Name:				
	DBA Name:				
	Attention				
	Street Address:				
	City:		State:		Zip:
	Fax:		Email:		
Job Name/Job Numbe	er: 				
equipment, etc.)		of the job, job name, contra-			•
List any other special requirements/notes/specific wording to be used:					
					_
(Please attach any other documents you received regarding this request for a certificate).					
If we have any question email)?	ons about issuing this	certificate, who should	l we contac	t (name, tele	phone # and

Email form to: insurance@azsbs.com