



Certificate of Insurance Request

OF PAGES FOLLOWING (NOT INCLUDING THIS SHEET)

TO: Marsh USA Inc. Atlanta, Georgia
FAX NUMBER: (404) 760-5725 or **EMAIL:** accg.admin@marsh.com

ATTENTION: ACCG-IRMA Administrator

FROM: (Your Name) **MEMBER NAME:**
PHONE #: **MEMBER #:**
FAX #:

Please issue certificate for the following:
(Describe property insuring or operation to be insured)

Certificate Holder: **Company:**
Address:
Phone No.: **Fax No.:**
Contact:
Email:
Delivery Method to Certificate Holder: Mail Fax Email
Delivery Method to Member: Mail Fax Email
Special Conditions: **Additional Insureds as Respects** **Lease/Contract #**
Loss Payee as Respects **Lease/Contract #**
Mortgagee as Respects **Lease/Contract #**
Other

Additional Information or Instructions: