

Borden Insurance Agency

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Phone # 410.203.9890

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brandoneandbordeninsurance@gmail.com

REQUEST FOR CERTIFICATE OF LIABILITY

Date: _____

Please issue a certificate for my business:

Name of business: _____

Address: _____

Telephone# _____ Cell# _____

City: _____ State: _____ Zip Code: _____

Insurance Co. Policy #: _____

Policy Period: From ____/____/____ to ____/____/____

Certificate Holder to be added:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Will this Certificate Holder be listed as an Additional Insured? Yes ___ No ___

Please Email to: _____

Signature: _____

Note: Certificate Holder is the business requesting the certificate. Please make sure you have the exact name and address that Certificate Holder wants to appear on the certificate.

**** FOR SAME DAY SERVICE PLEASE SEND TO US BY 2:30 pm**