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REQUEST FOR CERTIFICATE OF INSURANCE

*Complete by either typing or writing in block letters (using a black pen, so it will show properly when faxed). Whenever possible, please attach a letter or sample certificate provided by your client.
Using this form will allow us to expedite your certificate of insurance.*

Insured's Name: _____
Requested By: _____ Date: _____

Certificate Holder (Please print, and use a black pen) :

Company Name: _____
Address: _____

Attn / Fax: _____

Mailed to: Same / Or: _____

Does this certificate holder have any special requests?

- Additional Insured
- Loss Payee VIN _____
- Lienholder VIN _____
- 30 day cancellation
- Other: _____

***** IF THIS IS AN URGENT REQUEST, PLEASE INDICATE ABOVE *****

Thank You.

**Please note: you can also request a certificate via e-mail:
certificates@gsiinsurance.com**