

**CERTIFICATE OF INSURANCE REQUEST FOR NYS STATUTORY DISABILITY
INSURANCE**

To: Marilyn Wedel
Fax: 585-381-3565

Email: mwedel@flandersgroup.com
Phone: 585-381-8070 ext. 257

Requested By: _____

Phone: _____

1. Please provide a certificate of insurance on behalf of:

Policyholder Name: _____

Your Policy Number: _____ Policy Period: _____

2. If you need a specific entity or location from your policy listed on this certificate, please indicate the information below:

Entity Name _____

Location Address _____

3. Certificate holder should read as:

Name: _____

Street: _____

City, State, Zip: _____

Re: (Job #, Location etc.) _____

4. Please indicate how you would like the certificate distributed:

_____ Mail both copies to me (the policyholder)

_____ Mail one copy to the certificate holder and one to me

_____ Email to me at: _____

_____ Fax a copy to: Number (____)-____-____ Attn: _____

5. Please note any additional requests below:

