



EMPLOYERS  
SELF • INSURERS • FUND

## CERTIFICATE OF INSURANCE REQUEST

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Phone Number: \_\_\_\_\_

Certificate Holder: \_\_\_\_\_

Certificate Holder Address: \_\_\_\_\_

\_\_\_\_\_

Certificate Holder Phone number: \_\_\_\_\_

Certificate Holder Fax Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Taken By: \_\_\_\_\_

You may fax your request to (504) 378-0412

---

For Management Services, Inc. (MSUSA) Office use only:

AA NL NC      Include Exclude      Effective Date: \_\_\_\_\_