

**SOUTHEAST PERSONNEL LEASING, INC.
WORKERS' COMPENSATION INSURANCE
CERTIFICATE REQUEST FORM**

PLEASE COMPLETE FORM AND EITHER

Fax To: (727) 937-2138 or E-Mail To: Certificates@southeastpersonnel.com

(Allow up to 24 hours for certificate to be issued)

Your Company Name: _____

Your Company Fax #: (____) _____ - _____ Phone #: (____) _____ - _____

Requested By: _____

Date Requested: _____

Please issue certificate to the following (Certificate Holder Name):

Certificate Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

Fax #: (____) _____ - _____ Phone #: (____) _____ - _____

JOB SITE LOCATION: (Please submit for all certificates; must have for out of state certificates)

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please fax any special requirements received in writing from Certificate Holder with this request)

**** (Must have complete street address, & fax number of certificate holder to issue a certificate) ****

**** (Must have job site location for any out of state certificates issued) ****

**** (Please note Certificates of Insurance can only be faxed or mailed) ****