

**AGRITRUST OF GEORGIA
SELF INSURED WORKERS' COMPENSATION FUND**

CERTIFICATE OF INSURANCE REQUEST FORM

Attention: Stephanie Naglich
Fax Number: 888/381-0924
Email: underwriting@georgia-admin.com

From: _____
Company Name: _____
Phone Number: _____
Date: _____

Certificate of Insurance Information:

Certificate Holder: _____
(who needs it) _____

Address: _____
(original cert. is mailed) _____

Attention: _____
Fax Number: _____
(if applicable)

Reason for request: _____
(job #, contract, etc.) _____

Date needed by: _____

Additional Info or Comments: _____

