



Request for Certificate of Insurance

The following information is required in order to issue proof of workers' compensation coverage.

CLIENT COMPANY INFORMATION

1. Client Name (Your Company Name) _____
2. Your name _____
3. Your Contact information Phone number: _____ Email: _____

CERTIFICATE HOLDER INFORMATION

Certificate Holder Name is the name of the company who is requesting the certificate, and for whom your company will be working.

1. Certificate Holder Name _____
2. Certificate Holder Address:
Number & Street _____
City _____ State _____ Zip Code _____

3. How should this certificate be sent?

- Email _____
- Fax _____
- U.S. Mail to the Certificate Holder Address

4. Should this certificate be renewed the following year? Yes No

5. Special instructions or specific wording needs:

- Waiver of Subrogation Required Wording for Waiver of Subrogation:

Contract number _____ Other _____

Your email address or fax number is required in order for you to receive a copy of the COI for your record keeping and for future issuance to your customer.

Please allow 24 hours for issuance of certificates.

Please email to COI@landrumHR.com or fax it to Risk Management at 850-478-4088.

Revised 04/25/2017

Pensacola 6723 Plantation Road Pensacola, FL 32504 (850) 476-5100	Fort Walton Beach 73 Eglin Pkwy NE, Ste. 110 Fort Walton Beach, FL 32548 (850) 244-0026	Panama City 3009 Hwy 77, Ste. O Panama City, FL 32405 (850) 266-6222	Sarasota 205 N. Orange Ave., Ste. 201 Sarasota, FL 32405 (941) 479-6300	Columbia 10 Woodcross Drive Columbia, SC 29212 (803) 750-7041	Asheville 2 Walden Ridge Drive, Ste. 15 Asheville, NC 28803 (828) 299-3038
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