

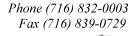
D. M. Insurance Agency, Inc.

Certificate of Liability Request Form

Insured Na	ne:	
Certificate I	Holder:	
*** Additi	onal insured? YES or NO	
*** Interest	of the Additional insured:	
Fax # or e-ma	nil of recipient:	
Important:	If additional wording is required, please specify below:	









4476 main St.; Suite 113



