



D. M. Insurance Agency, Inc.

Certificate of Liability Request Form

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Additional insured? YES or NO

\*\*\* Interest of the Additional insured: \_\_\_\_\_

Fax # or e-mail of recipient: \_\_\_\_\_

**Important:** If additional wording is required, please specify below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4476 main St.; Suite 113  
Snyder, N.Y. 14226



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