

**Certificate Request Form:**  
**Your Group's Full Name:**  
**Group's mailing address:**  
**Group's email address:**  
**Contact Name & Phone #**

Send this request to: **ADP/STATEWIDE INSURANCE AGENCIES, INC.**  
**Email:** [Rachael.Yerkes@adpinsurance.com](mailto:Rachael.Yerkes@adpinsurance.com) or [Helen@adpinsurance.com](mailto:Helen@adpinsurance.com)  
**FAX 973-538-0416 Phone 973-948-3200 or 973-538-6300**  
**Address: 325 Columbia Turnpike, Suite 106, Florham Park, NJ 07932**

## **REQUEST FOR CERTIFICATE OF INSURANCE**

**Date:**                      **Requested by:**

**Certificate Holder\*:**

**Certificate Holder Address:**

**City:**                      **State:**                      **Zip:**

**Special Instructions:**

**Job/Event Location/Date (If Needed):**

**When completed, send certificate via email\_\_ or fax\_\_ or postal\_\_**

**To email address**

**To fax #:**

**\* Certificate Holder is (the name of) the business, retailer, facility or sponsor requesting the certificate.**  
Being a certificate holder means that you are given proof that insurance is in effect.

The General Liability Policy issued through AWIP includes blanket additional insured.

