



CERTIFICATE OF INSURANCE REQUEST FORM

You may submit this form via email to service@mainsurance.com or via fax, 908.654.8151. If you have any questions or need assistance please call us at 908.654.9500 during business hours.

CUSTOMER INFORMATION

Company Name: _____

Contact Name: _____

CERTIFICATE HOLDER INFORMATION

Name: _____

Address: _____

City: _____

Contact Name: _____

Phone: _____

Fax : _____

Email: _____

ADDITIONAL INFORMATION

Please provide all pertinent information regarding the policy you wish to have verified.