

**CERTIFICATE OF INSURANCE OR
EVIDENCE OF PROPERTY INSURANCE REQUEST**

YOUR INFORMATION

Date	
Insured	
Requested by	
Phone	
Your Fax/Email (if rush delivery required)	

CERTIFICATE INFORMATION

Certificate Holder	
Address	
Attention	
Holder Fax/Email (if rush delivery required)	
Description/Project Name	
Date Needed	
Additional Insured?	Circle one: Y / N
Mortgagee?	Circle one: Y / N
Loss Payee?	Circle one: Y / N

NOTES:

- PLEASE ATTACH A COPY OF THE **CERTIFICATE HOLDER'S** WRITTEN REQUEST, IF AVAILABLE.
- THERE IS A **24** HOUR TURN AROUND TIME ON MOST REQUESTS.

SUBMISSION INFORMATION

Send to Fax	908 806-2095
Send to Email	insure@anthonycompany.com
Submit Online	Visit www.anthonycompany.com , click "Contact Us," then "Customer Service," select "Certificate of Insurance Request" at the center of the page, then fill out the form provided. Information is immediately sent to our office.
Our Contact Information	4 Walter E. Foran Blvd., Suite 105, Flemington, NJ 08822 908-806-8844 p, 908-806-2095 f, www.anthonycompany.com