



P.O. Box 521 Spring Lake, MI 49456
Voice: 616-842-8270 Fax: 616-842-1040
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Request for Certificate of Liability Insurance

All items must be completed in full.

Insured Information:

| |
|----------------|
| Insured's Name |
|----------------|

Certificate Type:

Work Comp Liability Property

Dates of Coverage:

| | |
|------|----|
| From | To |
|------|----|

Send Certificate to:

| | |
|------|-----|
| Name | Fax |
|------|-----|

Name of Certificate Holder:

| | | |
|----------|--------|------|
| Name: | | |
| Misc: | | |
| Misc: | | |
| Address: | | |
| City: | State: | Zip: |

Insured's
Signature: _____ Date: _____