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**WORKERS' COMPENSATION INSURANCE CERTIFICATE REQUEST FORM**

**Client Company Information:**

\*Company Name: \_\_\_\_\_

Company Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Company Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Requested By: \_\_\_\_\_ \*Date Requested: \_\_\_\_\_

**Certificate Holder Information: (Required for Certificate to be Issued)**

\*Certificate Holder Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*Certificates will be mailed via U.S. Mail if a fax or email address is not provided\*\*\*

**Project Information: (\*\*Required for Waiver of Subrogation Requests)**

Waiver of Subrogation (Please check if a waiver of subrogation is needed)

\*\*Project Name: \_\_\_\_\_

\*\*Address: \_\_\_\_\_

\*\*City: \_\_\_\_\_ \*\*State: \_\_\_\_\_ \*\*Zip: \_\_\_\_\_

\*\*Project Start Date: \_\_\_\_\_ \*\*Scope of Work: \_\_\_\_\_

(Please submit special requirements received, in writing, from the certificate holder with this request)

**\*Required Fields – Must be complete in order for certificate to be issued.**