



**Request for Certificate of
Workers' Compensation Insurance**

TO: Payroll Department

	<u>Katie Klassy</u>	<u>Yvonne Wagner</u>	<u>Brenda Graziano</u>
Phone No:	602-386-3556	602.386.3555	602-386-3557
Toll Free:	888-284-3736 x234	888-284-3736 x233	888-284-3736 x232
Fax:	602-386-3587	602-386-3586	602-386-3588

Name of Sunwest Client Requesting Certificate:

Name of Person at Client Requesting Certificate:

Your Fax#: _____ **Your Phone#:** _____

****Certificate Holder Information****

Name of Client Company: _____

Complete Address: _____

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

Fax: _____

Phone: _____

Description Of Job: _____

***Waiver of Subrogation needed? Yes**

****Note: Additional Insured verbiage requests are not applicable to your workers compensation insurance policy and are not endorsed by our carriers.**