



Butwin Insurance Group  
Founded 1925

# CERTIFICATE OF INSURANCE REQUEST

All certificates are issued  
within 3 business hours

**fax 516-466-4213**  
*no cover page needed*

*or e-mail*  
**certs@butwin.com**

Client Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

For lookup purposes, please provide **one** of the following:

- Policy Number
  - Butwin ID Code
  - Client's Street Address
- \_\_\_\_\_

Today's Date \_\_\_\_\_

Number of additional pages (if any): \_\_\_\_\_

Certificates should be sent to:	<i>Provide e-mail address <u>or</u> fax number</i>
<input type="checkbox"/> Certificate Holder	_____
<input type="checkbox"/> Insured	_____
<input type="checkbox"/> Producer	_____

Certificate Holder Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Operations / Locations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Certificate Holder need to be listed as an Additional Insured?  
*Should only be listed if specifically requested by certificate holder*  Yes  No

Are there any other Additional Insureds?  Yes  No