



## Certificate of Insurance Request Form

Please review the below instructions on requesting a Certificate of Insurance and completing the Certificate of Insurance Request Form.

### General Guidelines

- Most certificates are issued within 24-48 weekday hours. Special requests and incomplete forms may take longer to process.
- Please send all requests to [risk@bridgehrstaffing.com](mailto:risk@bridgehrstaffing.com)

### Insured Information

- Enter your organization's name
- Please provide your name and contact information should we need to contact you for additional information.

### Certificate Holder Information

- Enter the name, address of the organization requesting a certificate of insurance from your organization.
- Indicate whether the certificate holder is requesting an "Alternate Employer Endorsement" or "Waiver of Subrogation".

Please note that a copy of the certificate is automatically sent by email to your organization. Once you have received the certificate of insurance please verify that everything is correct.

**If you have any questions, please contact us at (844) 482-7377**



# Certificate Request Form

This form must be completed in its entirety.

Send all correspondence related to certificates of insurance to **risk@bridgehrstaffing.com**

## Request

Request Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Client Company Name: \_\_\_\_\_

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

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

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

Description and Locations of Operations/Vehicles and Special Items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certificate Holder

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

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

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

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

**Please save and email this document to [risk@bridgehrstaffing.com](mailto:risk@bridgehrstaffing.com) as an attachment.  
If you have any questions, please contact us at 844.482.7377**