

**To: R&R Insurance Services**

**Attn: Lynn M. Reed, CISR**

**Fax: 262-953-1420**

**Lynn.Reed@rrins.com**

Ask us about our  
CSR-24on-line  
certificate request  
service!

**From:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

### CERTIFICATE OF INSURANCE REQUEST

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

Fax \_\_\_\_\_

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

Mail Original?    Y    N

\_\_\_\_\_

Attn: \_\_\_\_\_

#### SPECIAL INSTRUCTIONS:

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If you have any questions about this request, please call \_\_\_\_\_.