

Certificate Request Form

Member: _____

Contact person: _____

Certificate Holder (party requesting certificate):

As Respects: (reference contract, event, etc.)

Coverage Requested:

General Liability - Limits Requested: \$1,000,000 Other _____
 Additional Insured (attach contract, lease agreement, etc.)

Property – Description of property to be covered _____

Workers Compensation

Other – Please Describe _____

**Please email form and supporting documentation to certs@gsrma.org.
Allow 24-48 hours for completion.**