

**AGRITRUST OF GEORGIA  
SELF INSURED WORKERS' COMPENSATION FUND**

**CERTIFICATE OF INSURANCE REQUEST FORM**

Attention: Amanda Smith  
Fax Number: 888/381-0924  
Email: underwriting@georgia-admin.com

From: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

**Certificate of Insurance Information:**

Certificate Holder: \_\_\_\_\_  
(who needs it) \_\_\_\_\_

Address: \_\_\_\_\_  
(original cert. is mailed) \_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
(if applicable)

Reason for request: \_\_\_\_\_  
(job #, contract, etc.) \_\_\_\_\_  
\_\_\_\_\_

Date needed by: \_\_\_\_\_

Additional Info or Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_