

Certificate of Insurance Request Form

E-mail to: coi@ssiai.com Or Fax to 904-261-1124

DATE: _____ TIME: _____ a.m. / p.m.

REQUESTED BY: _____

INSURED: GT WORLDWIDE TRANSPORT INC

CERT. HOLDER NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ - _____

ATTENTION: _____

EMAIL: _____

FAX #: _____

PHONE: _____

TYPE OF CERT: Auto Liability
 Cargo
 General Liability
 Occupational Accident
 Non-Trucking
 Physical Damage
 OTHER _____

ADDITIONAL / DESIGNATED INSURED: NO YES What coverage? _____

APPROVED BY: _____

Truck Description: _____
Unit # Year Make VIN

Additional Info: _____

NOTE: All of the above must be completed in order to request a certificate of insurance. Please attach any additional supporting documentation for this request.