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DecisionHR

Please Fax to: (727) 388-1136
Attention: Elle McAree ext. 5228

Workers' Compensation Certificate Request

Client Information-

Date: _____/_____/_____Requested By: _____

Name: _____

Client # (if applicable): _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Certificate to be Issued To-

Certificate Holder: _____

Attention: _____

Address Line 1: _____

Address Lind 2: _____

City: _____St: _____ Zip: _____

Phone: (_____)_____-_____ Fax#: (_____)_____-_____

Email: _____@_____ Send Request via: ☐ Fax ☐ Mail ☐ Email

Special Request-

☐ Alternate Employer Endorsement

☐ Waiver of Subrogation Endorsement

☐ Other/Special Instructions: _____

_____

_____