



Proudly Serving Governmental Entities in the State of New Jersey Since 1991

2023 CERTIFICATE OF INSURANCE REQUEST FORM

DATE: _____
 INSURED: _____
 REQUESTED BY: _____
 PHONE NUMBER: _____
 FAX NUMBER: _____
 EMAIL: _____

CERTIFICATE HOLDER: _____

ATTENTION: _____
 FAX NUMBER: _____
 EMAIL: _____

DOES CERTIFICATE HOLDER NEED TO BE NAMED AS ADDITIONAL INSURED: YES ___ NO ___
 DOES CERTIFICATE HOLDER NEED TO BE NAMED AS LOSS PAYEE: YES ___ NO ___

DATE(S) OF EVENT: _____

EVENT DESCRIPTION: _____

MAILING INSTRUCTIONS: (If possible please provide cert. holders e-mail address & or fax # for prompt delivery.)

PLEASE FORWARD TO GLORIA CARTER @ gcarter@polarisgalaxy.com

Any questions please call Gloria at 201-727-1720 ext. 320

jgallo@polarisgalaxy.com ext. 1312

smolfetas@polarisgalaxy.com ext. 1226