



Request for Certificate of Workers' Compensation Insurance

TO: Workers' Compensation

SUNWEST	Connie Dixon
PHONE NUMBER:	602-386-3544
TOLL FREE:	888-284-3734 X: 280
FAX NUMBER:	602-386-3575

Name of Sunwest Client Requesting Certificate:

Name of Person at Client Requesting Certificate:

Your Fax #: _____ Your Phone #: _____

**** Certificate Holder Information ****

Name of Client Company: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Fax #: _____ Phone #: _____

Description of Job: _____

NOTE: ADDITIONAL INSURED VERBIAGE REQUESTS ARE NOT APPLICABLE TO YOUR WORKERS COMPENSATION INSURANCE POLICY AND ARE NOT ENDORSED BY OUR CARRIERS.

Waiver of Subrogation* Needed? Yes ___ No___

**A fee may be charged by the insurance carrier to process "Waivers of Subrogation". This fee will be billed on your next invoice. It could be a minimum of \$250 or as high as 5% of premium. Before processing the waiver of subrogation, the insurance carrier may require additional information such as but not limited to – Job Name & Location, Comp Code utilized for job, and the estimated payroll for that specific job.*