

# Paige & Campbell, Inc.

*Insurance & Financial Services*

---

Name of Insured:

Address:

City/State:

Zip Code:

Contact and Phone Number  
of person to call if we have questions

Certificate Holder:

Attn:

Address:

City/State:

Zip Code:

A standard Certificate of Insurance will be issued with the following applicable coverages:  
General Liability, Automobile, Workers Compensation and Umbrella.

If you require other than the standard coverages listed, please list below:

---

Cancellation Provision:

15 Days

30 Days

\_\_\_ Other

Does the Certificate Holder need to be included as Additional Insured?

Yes

No

Any special wording/remarks: \_\_\_\_\_

---

---

Fax number for agency to fax certificate to:

Email address for agency to email certification to: