

# Taylor Palmer Agency

*Insurance & Financial Services*

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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 coverage:  
General Liability, Automobile, Workers Compensation and Umbrella.

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

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Cancellation Provision:

15 Days

30 Days

\_\_\_ Other

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

Yes

No

Any special wording/remarks:

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Fax number for agency to fax certificate to:

Email address for agency to email certification to: