TMK Risk Management Inc. dba
Kallman Insurance Agency

P. O. Box 266736 • Weston, FL 33326
Phone 954.389.5897 • Fax 954.389.6661
www.tmkrisk.com

Instructions

Complete and return this form by fax along with a copy of the certificate/insurance requirements from the organization requesting the certificate (if applicable) to:

Kallman Insurance Agency
Address: P.O. Box 266736 Weston, Fl 33326
Facsimile: 954-389-6661

The certificate will be issued within 24-48 hours. Special requests may take longer to process.
Questions? Call Kallman Insurance Agency at 954-389-5897 (8:30 am-5:00 pm Mon- Fri, Eastern Standard Time)

Contact Information

Contact Name		Phone Number	
		Fax Number	

Certificate Holder Information (What entity is requesting proof of insurance?)

Entity Name	
Address	
Contact	

Additional Insured Information

Is the certificate holder requesting additional insured status? ☐ No ☐ Yes

If yes, why is the certificate holder requesting additional insured status? They are:

☐ the site owner ☐ a municipality ☐ A vendor
☐ the lessor of equipment/personal property ☐ Other (please explain _____)

Description/Reason for Certificate

Name (if applicable)		Date(s) (if applicable)	
Location-City and State (if applicable)			
Brief Description			

Distribution of the Certificate

Send an original certificate to				
	☐ Certificate Holder	☐ by mail	☐ by facsimile (number:_____)	☐ by e-mail: (_____@_____)
	☐ Insured	☐ by mail	☐ by facsimile (number:_____)	☐ by e-mail: (_____@_____)
	☐ Other	☐ by mail	☐ by facsimile (number:_____)	☐ by e-mail: (_____@_____)

Other Information

Remarks or other instructions	

Date Needed		**Today's Date**	

World Class Service From Your Home Town Agency