

722 E. Lincoln Highway
Ph 610-524-0140
Fax 610-524-7752
www.StrongAssociates.com



**R.K. Strong
Associates, Inc.**
commercial insurance / surety bonds

Certificate of Insurance Request

To: Insurance Dept / RK Strong Associates From:

Fax: 610-524-7752 Pages:

Email: pstrong@strongassociates.com Date:

Insured _____

Certificate Holder _____

Address _____

Date Requested _____

Description _____

Additional Insureds _____

Number of Copies _____

Comments _____

Special Instructions _____

Please fax to 610-524-7752 or email to pstrong@strongassociates.com as soon as possible.

A copy of the certificate will be faxed or emailed to your office if requested. Otherwise it will be mailed.

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