



GSIS Companies - Broker Shield - Freight Insurance ASAP

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ACORD Certificate Request

INSUREDS INFORMATION

| | | | |
|------------------------|-------|--------------|-------|
| Company | _____ | Email | _____ |
| Requesters Name | _____ | Phone | _____ |
| | | Fax | _____ |

CERTIFICATE HOLDER INFORMATION

| | | | |
|--------------------------------|-------|------------------------|-------|
| Certificate Holder Name | _____ | | |
| Street Address | _____ | City, State Zip | _____ |
| Email | _____ | Fax | _____ |
| Special Wording | _____ | | |

CERTIFICATE DISTRIBUTION – Check below

| | | |
|-----------------------------|----------------|---------------------------|
| Email Certificate To | Insured | Certificate Holder |
| Fax Certificate To | Insured | Certificate Holder |