

# Request for Certificate of Workers' Compensation Insurance

TriNet's Risk Management Department will complete all standard workers' compensation insurance certificate requests within 1-2 days of receipt. To ensure proper certificate issuance, please complete all applicable sections below.

**email:** work.comp@trinet.com  
**Fax:** 1.800.889.0021

**Date of Request:** \_\_\_\_\_

[Email](#) [Reset](#) [Print](#) [Save](#)

Type of Request: ☐ Current Policy Year ☐ Previous Policy Year

## Client Information

Client Name: \_\_\_\_\_ Company ID: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Client Contact Phone # (include area code): \_\_\_\_\_

☐ Check here if you would like a copy of this certificate sent to you and provide an email or fax number below

Contact Email: \_\_\_\_\_ Contact Fax #: \_\_\_\_\_

## Certificate Holder Information: Certificate cannot be issued without a complete address

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention (if applicable): \_\_\_\_\_

Job Location/Special Instructions: \_\_\_\_\_

Holder Email Address: \_\_\_\_\_ Holder Fax #: \_\_\_\_\_

*\*Certificates will be emailed or faxed to Holders unless otherwise requested*

## Additional Requests (if applicable)

☐ Waiver of Subrogation ☐ Alternate Employer Endorsement

Please allow additional time to fulfill non-standard certificate requests, such as:

- Multiple certificate requests
- State-specific forms (e.g. CA DMV 65 MCP Form and NY C105.2 Form)

**Note:** TriNet cannot issue certificates with holders as an additional insured, as this is not applicable to workers' compensation coverage.