



215 Salem Street Suite 101
Woburn MA 01801

Phone (781) 938-6200 Fax (781) 938-6214

Insurance Certificate Request

Date _____

Dear Sir/Madam,
Please issue the following two certificates for our mutual customer.

Customer Name Trump Corp _____
Customer Address _____
Customer City _____ ST _____ Zip _____

Unit #	Year	Make	Model	Color	VIN
1234-00-0001	2020				

Agency Name	_____	Agent Name	_____
Agency Office	_____	Agent Phone	_____
Agency Address 1	_____	Agent Email	_____
Agency Address 2	_____		
Agency City	_____		
Agency ST	_____	Agency Zip	_____

First Certificate

Additional Insured and Loss Payee

Name Act Leasing Services Inc. _____
Address 215 Salem Street Suite 101 _____
City Woburn _____ ST MA _____ Zip 01801 _____

Second Certificate

Additional Insured and Loss Payee

Name _____
Address _____
City _____ ST _____ Zip _____