



## Certificate of insurance request

Insert the required information and fax to:

**718- 384 2247**

**Attention: Insurance**

**All forms must be received by us at least 24 hours prior to the move!**

**Your name:**

**Move date:**

### Move out building

**Holder:**

**Additional insured:**

**Contact person:**

**Phone:**

**Fax:**

### Move in building

**Holder:**

**Additional insured:**

**Contact person:**

**Phone:**

**Fax:**

**We appreciate your business!**