

**SOUTHEAST PERSONNEL LEASING, INC.**  
**WORKERS' COMPENSATION INSURANCE CERTIFICATE**  
**REQUEST**

\*\* PLEASE COMPLETE AND FAX TO (727) 937-2138 \*\*  
(Allow up to 24 hours for certificate to be issued)

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

Your Company Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Requested By: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**Please issue certificate to the following (Certificate Holder Name):**

Certificate Holder Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\* (Must have complete address & fax / phone # of certificate holder in order to issue a certificate) \*\*

Special Instructions (If applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please fax any special requirements received in writing from Certificate Holder with this request)