



WORKSITE
EMPLOYEE LEASING
Work.Simplified.

CERTIFICATE REQUEST

Please fax completed request to 866.782.1406 or email to certs@worksitemployee.com

CLIENT INFORMATION

Client Number:		
Client Name:		
Address:		
City:	State:	Zip Code:
Client Phone Number:		
Client Fax Number:		
Client Email Address:		

CERTIFICATE HOLDER INFORMATION

In order to issue a certificate, a complete address is required.

Certificate Holder's Name:		
Contact:		
Address:		
City:	State:	Zip Code:
Certificate Holder's Fax Number:		
Certificate Holder's Email Address:		
Does the Certificate Holder need a waiver of Subrogation?	<input type="radio"/> Yes	<input type="radio"/> No
Does the Certificate Holder need an Alternate Employer Endorsement?	<input type="radio"/> Yes	<input type="radio"/> No

METHOD OF DELIVERY

<input type="radio"/> Fax to Holder	<input type="radio"/> Mail to Holder	<input type="radio"/> Email to Holder
<input type="radio"/> Fax to Client	<input type="radio"/> Mail to Client	<input type="radio"/> Email to Client

WELCO USE ONLY

Received By:	Processed By:
Date:	Date: