

CERTIFICATE REQUEST FORM

**INSURED NAME IS
Z TRANSPORT & LOGISTICS LLC
POLICY # GWP 37112D**

**FAX REQUEST TO SOUTHWEST TRUCK INSURANCE GROUP
FAX # 888-395-0145
Or call: 602-455-6079**

CONTINGENT CARGO CERTIFICATE REQUEST:

CALLER'S NAME & Phone # _____

CERTIFICATE HOLDER NAME _____

ADDRESS: _____

CITY, STATE, ZIP _____

FAX # or email address: _____

CHECK WHICH ONE APPLIES:

_____ **CERTIFICATE ONLY**

_____ **ADDITIONAL INSURED WORDING** needs to be approved .

Are you a:

- _____ **Broker**
- _____ **Shipper – no contract**
- _____ **Shipper – w/contract – need copy**
- _____ **Other – please explain**
- _____ **Loss Payee – description necessary**