

**Certificate of Insurance Request Form for Auto and  
General Liability**

**Z Transport & Logistics, LLC**

**Fax to The Mahoney Group @ 928-445-0134**

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

Certificate Holders Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Should the Certificate Holder be a Additional Insured? \_\_\_\_\_

Should we reference a particular job? \_\_\_\_\_

Is any special wording needed? \_\_\_\_\_

\_\_\_\_\_

Comments? \_\_\_\_\_

\_\_\_\_\_