

# WORKERS COMPENSATION CERTIFICATE REQUEST

CLIENT COMPANY NAME \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ PH NUMBER \_\_\_\_\_

REQUETSED BY \_\_\_\_\_ DATE \_\_\_\_\_

FAX THIS REQUEST TO : (941) 833-2075 or TOLL FREE 800-245-4711



**PINNACLE**  
EMPLOYEE LEASING

THE CERTIFICATE NEEDS TO BE ISSUED TO:

CERTIFICATE HOLDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ATTENTION \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

COMMENTS \_\_\_\_\_

ALL FIELDS MUST BE FILLED OUT

PLEASE ALLOW 24 HOURS FOR CERTIFICATE TO B ISSUED