



STATE WORKERS' INSURANCE FUND
100 LACKAWANNA AVENUE, P.O. BOX 5100
SCRANTON, PA 18505-5100



570-963-4635

www.dli.state.pa.us/swif

Request for Certificate Of Insurance

All requests must be submitted in writing, either by means of fax at the number provided below, or mailed to 100 Lackawanna Ave, Scranton, PA 18505. Thank You.

ATTENTION: CERTIFICATES DEPARTMENT

TO: SWIF (Fax 570-963-3079 or 570-941-2109) **Date:** _____

FROM: _____

Contact Number: (____) _____

(This contact number should be for the certificate holder.)

Policy Holder: _____ **Policy Number:** _____

Certificate Holder (business to which proof of insurance is to be sent):

Certificate Holder's Address (complete mailing address):

Please be advised that it is the policy of the State Workers' Insurance Fund ("SWIF") to:

- Only issue Certificates of Insurance to a specific certificate holder at their operational address and cannot honor requests to be sent **"In Care Of"** or **"On Behalf Of"** entities other than the named certificate holder.
- Not issue separate Certificates for each job site, the Certificates of Insurance covers all job sites for the named certificate holder.

If you should have any questions, **PRIOR TO FAXING THE REQUEST**, please do not hesitate to call 570-963-4635 ext. 4

**** Please note, in the event that any information provided is incorrect, invalid or does not correspond to the policy and/or the named certificate holder, issuance of the certificate may be delayed. Only when all correct information is received, will a valid certificate of insurance be created. ****