



## REQUEST FOR PROOF OF INSURANCE

Carriers: Please complete this form and fax it to your insurance agent for timely processing of your carrier contract. Thank you.

**Attention Insurance Agents:**  
**We appreciate your quick response to this time-sensitive request.**

To: \_\_\_\_\_  
Insurance Agent (please print)

Agent's Phone Number: \_\_\_\_\_

Agent's Fax Number: \_\_\_\_\_

Insured: \_\_\_\_\_  
Carrier's Company Name/Insured's Name (please print)

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

Name: \_\_\_\_\_  
(please print)

### RE: CERTIFICATE OF INSURANCE

Dear Insurance Agent,

Thank you for your prompt handling of this request. This fax is requesting a ***signed*** Certificate of Insurance for the above named insured. This certificate should list the carrier's coverage for Auto and Cargo, with deductibles noted, and should indicate whether the coverage is All Risk or Broad Form.

Please make the certificate to:

**DRT Transportation**  
**850 Helen Drive**  
**Lebanon, PA 17042**

DRT Transportation must be listed as the certificate holder, with a 30-day notice of cancellation.

**Please send the certificate fax or email to  
(717) 274-2871 or [dispatch@drtrtransportation.com](mailto:dispatch@drtrtransportation.com)**