

Global Century Insurance Brokers, Inc.  
CERTIFICATE OF INSURANCE

\_\_\_\_\_  
(Named Insured/DBA)

1. Name	_____				
Address	_____	City	_____		
County	_____	State	_____	Zip	_____
Fax	_____	email	_____	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing #	_____				

2. Name	_____				
Address	_____	City	_____		
County	_____	State	_____	Zip	_____
Fax	_____	email	_____	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing #	_____				

3. Name	_____				
Address	_____	City	_____		
County	_____	State	_____	Zip	_____
Fax	_____	email	_____	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing #	_____				

4. Name	_____				
Address	_____	City	_____		
County	_____	State	_____	Zip	_____
Fax	_____	email	_____	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing #	_____				

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)