



# WC Certificate Request

Please complete all fields to submit a WC Certificate request to the PEOPLEASE's certificate team at [certs@peoplease.com](mailto:certs@peoplease.com) or click Send Form.

Requester's:

*Name*

*Email*

*Client/Insured's Name*

## Certificate Holder's Information:

### Request 1

### Request 2

### Request 3

Name:

Name:

Name:

Address Line 1:

Address Line 1:

Address Line 1:

Address Line 2:

Address Line 2:

Address Line 2:

Address Line 3:

Address Line 3:

Address Line 3:

City:

City:

City:

*State*

*Zip*

*State*

*Zip*

*State*

*Zip*

Email:

Email:

Email:

**Annual or One-Time**

**Annual or One-Time**

**Annual or One-Time**

**Standard Certificate or**

**Standard Certificate or**

**Standard Certificate or**

\*Waiver of Subrogation

\*Waiver of Subrogation

\*Waiver of Subrogation

\*Alternative Employer Endorsement

\*Alternative Employer Endorsement

\*Alternative Employer Endorsement

Additional Instructions: