

Copeland International, Inc.
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Manhattan, KS 66505-1143

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Certificate of Insurance Request

Certificate Holder
Name & Address: _____

Additional Insured: _____

Location: _____

Insured Fax: _____ Date of Request: _____

E-Mail Address: _____

Comments: _____

Each certificate holder will be subject to a \$5,000 deductible.