



681 Railroad Blvd.
Grand Junction, CO 81505

DATE: _____

TO: _____ Whom IT May Concern _____

COMPANY: _____

FAX#: _____

Phone: _____

SUBJECT: Request Certificate of Insurance for the Carrier below:

Carrier Name: _____

Address: _____

City State & Zip: _____

MC#: _____

****** Please include the vin# for the scheduled vehicles and any exclusions on policy******

Please Issue Certificate of Insurance with Freightmatchers.com as the certificate holder as follows:

FreightMatchers
681 Railroad Blvd.
Grand Junction, CO 81505
Phone: 602-237-6718
FAX: 602-680-2498
Attn: Diane Endres
Email: dendres@FreightMatchers.com

Thank You
Diane