



## Workers Compensation Certificate Request

Client Company:	
Fax Number:	
Phone Number:	
Requested By:	
Date:	

**Please fax this request to: (941) 833-2075 or Toll Free 1-800-245-4711**

### The Certificate Needs to Be Issued To:

Certificate Holder Name:			
Address:			
City:		State:	Zip:
Fax Number:		Phone Number:	
Comments:			

**All fields must be completed.**  
Please allow 24 hours for certificate to be issued.

**Pinnacle Employee Leasing**  
115 W Olympia Avenue, Suite 121, Punta Gorda, FL 33950  
Toll Free: 1-800-245-2414 , Toll Free Fax: 1-800-245-4711  
Questions? Phone: (941) 833-2065 Fax: (941) 833-2075  
[www.pinnacleel.com](http://www.pinnacleel.com)