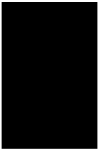




# AUTOMATED BUSINESS MACHINES, INC.

F & E CHECK PROTECTOR COMPANY

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## REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE HOLDER ONLY

ADDITIONALLY INSURED  
(There is a charge for this choice.  
Please contact our office for pricing  
and payment options.)

ORGANIZATIONAL NAME: \_\_\_\_\_

ATTN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DEPT./SUITE/ROOM# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### PERSON REQUESTING INFORMATION:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_