



FIRST FINANCIAL
EMPLOYEE LEASING, INC.

Workers' Compensation
Certificate Request

Please fax completed request to 941.883.5852 or Email to certs@ffel.net

Client Information		
Client Number:		
Client Name:		
Address:		
City:	State:	Zip Code:
Client Phone Number:		
Client Fax Number:		
Client E-mail Address:		

Certificate Holder Information		
<i>In order to issue a certificate a fax number and complete address are required</i>		
Certificate Holder's Name:		
Contact:		
Address:		
City:	State:	Zip Code:
Certificate Holder's Fax Number:		
Certificate Holder's E-mail Address:		
Worksite Address (Optional):		
City:	State:	Zip Code:
Does the Certificate Holder need a waiver of Subrogation?	Yes	No
Does the Certificate Holder need an Alternate Employer Endorsement?	Yes	No

Method of Delivery		
Fax to Holder	Mail to Holder	E-mail to Holder
Fax to Client	Mail to Client	E-mail to Client

FFEL USE ONLY	
Received by:	Processed by:
Date:	Date: