



To request Proof of Insurance CERTIFICATION (Certified Documentation),
please contact our agent...

STAUTBERG INSURANCE ASSOCIATES stautberg.insurance@fuse.net
410 ELLIOTT AVENUE
CINCINNATI, OH 45215

Phone: (513) 821-6300
Fax Number: (513) 821-6313

For your convenience, please print and fax this form. Please include: your name, the contact person, if different than yourself, business name (if applicable), your address, phone / fax number and/or mailing address of the person/place requiring proof.

Our insurance agent will gladly assist you with your request. Thank you.

To whom it concerns;

Please send proof of insurance certification for Bars On Wheels to the following;

Name _____ Phone () _____
Company _____ Fax () _____
Address _____ Suite/Apt. # _____
City _____ State _____ Zipcode _____

Thank you for your consideration.

Sincerely, _____

Insurance riders for are available for an additional charge. Please check here if you would like for someone to get back to you with a cost estimate for your particular needs. Thank you. YES, I'm interested.