
ENTERPRISE HR

AND AFFILIATES

Workersø Compensation Certificate Request

Date: _____

To: Attn: Risk Management
Email: Certs@encorehr.com
Fax#: 727-525-3862
Phone: 727-520-7676 Ext. 3

Client Information:

Name: _____

Client #: _____ Client Fax: _____

Certificate Information:

Company Name: _____

Address: _____

Email: _____

Special instructions: _____

Certificates will be issued within 24 hours