

TARGET INTERMODAL SYSTEMS
33A NYC TERMINAL MARKET
BRONX, NY 10474
PHONE: 800-448-2743
FAX: 607-431-0010
ATTENTION: JO ANN

DATE: _____

Send to: _____ Fax: _____
TRUCK CERTIFICATE DEPARTMENT Phone: _____

INSURED: _____

Comments:

Please list TARGET as the Certificate Holder for the insured referenced above.

Please include amount for Reefer Breakdown (if applicable) and all Exclusions to the Policy that will not be covered.

PLEASE FAX CERTIFICATE BACK TO ME AS SOON AS POSSIBLE AS THE INSURED IS WAITING TO LOAD.

Thank you for your assistance.
