



**FAST EXACT**

PO BOX 2154  
SOUTH SAN FRANCISCO, CA 94083  
TEL: 650-491-0024  
EMAIL: [Accounting@FASTEXACT.COM](mailto:Accounting@FASTEXACT.COM)

**SEND COMPLETED FORM TO YOUR INSURANCE COMPANY**

DATE: \_\_\_\_/\_\_\_\_/20\_\_

Requested By: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy # \_\_\_\_\_ MC# \_\_\_\_\_

**ATTN: TRUCK INSURANCE ADMINISTRATOR**

Insured Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Certificate Holder: **FAST EXACT**  
**P.O.BOX 2154**  
**SOUTH SAN FRANCISCO, CA 94083**

**WE MUST HAVE UPDATED CERTIFICATES OF INSURANCE WITH FAST EXACT AS CERTIFICATE HOLDER.**

**PLEASE SEND DOCUMENTS TO [Accounting@FastExact.com](mailto:Accounting@FastExact.com) AT YOUR EARLIEST CONVENIENCE.**

**THANK YOU FOR YOUR COOPERATION:**

**Accounting – Phone: (650) 491-0024**