

REQUEST FOR A CERTIFICATE

Please type or print with ballpoint pen.

Location - means the name of the actual location of the event

Name of the Additional Insured - means the owner or organization of owners who want their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility

(List Name of Federation, Association and Club)

Name of Federation					
Name of Association					
Name of Club					
Check who the Certificate is For					
Federation		Association		Club	
Mailing Address is the address that was entered on the enrollment form.					
Mailing Address					
City		State		Zip	
Location of Event					
Mailing Address					
City		State		Zip	
Name of Additional Insured					
Street Address					
City		State		Zip	
Person Requesting Certificate					
Street Address					
City		State		Zip	
Phone		Email			
Send Request to Federation/Association Insurance Chairman:					
Name					
Street Address					
City		State		Zip	
Phone		Email			