

REQUEST FOR LIABILITY CERTIFICATE OF INSURANCE

(For event locations whose owner wishes to be additionally insured or requires proof of insurance.)

Complete this form with ALL required information and submit it to your District Executive for approval. Allow 2 weeks for processing. It will be sent to the insured per below.

Submission Date _____

District _____ Unit Type and # _____

Event Name _____

Date(s) of Event _____

Location of Event _____

Street Address of Location _____

City of Location _____ Zip Code of Location _____

WHO IS THE PROPERTY OWNER REQUESTING INSURANCE?

Property owner _____

Street Address of Owner _____

City of Owner _____ Zip Code of Owner _____

Does Owner want to be additionally insured? Yes _____ No _____ (proof only)

Forward insurance certificate to whom? _____

Email _____ or Fax _____

District Executive Approval _____ Date _____