

# CERTIFICATE OF INSURANCE REQUEST FORM

Date of request: \_\_\_\_\_

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

Club Name (if applicable): \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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**If this is a request for an EVENT please complete this section, if not skip to number 5.**

1. Name of event: \_\_\_\_\_

2. Date(s) of event: \_\_\_\_\_

3. Site or location of event: \_\_\_\_\_

4. Is the insured the primary host for the event?  Yes  No

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5. Certificate Holder: \_\_\_\_\_

*Note: This is exactly how the certificate holder's name will be shown on the certificate. Please attach a sample certificate with approved limits and verbiage if available.*

6. Certificate Holder address: \_\_\_\_\_  
\_\_\_\_\_

7. Certificate Holder Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

8. Contact Person: \_\_\_\_\_

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9. Does the Certificate Holder require additional insured\* status?  Yes  No

If yes, please specify Additional Insured wording: \_\_\_\_\_

*\*Additional insured should only be checked if it is a requirement of the Certificate Holder. Please attach a sample certificate with approved verbiage if available.*

10. If number 9 has been checked, please outline the role the Additional Insured is playing in the activity (i.e. landowner, municipality, corporate sponsor, etc.): \_\_\_\_\_

11. Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification or Hold Harmless language?  Yes  No

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