

## Certificate of Insurance Request Form

**Are you a current, active member of your organization?  Yes  No**

**\*\*If answer is no, please contact your International organization\*\***

**Name of Organization:** \_\_\_\_\_

**Chapter Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Name of Officer/Member Requesting Certificate:** \_\_\_\_\_

**Address of Officer/Member:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**1. Is the event sponsored by your group?  Yes  No**

**2. Name of event:** \_\_\_\_\_

**3. Your group's function and/or activities for the event:** \_\_\_\_\_

**4. Location of the event:** \_\_\_\_\_

**5. Date of the event/function:** \_\_\_\_\_

**6. Name of entity (including mailing address) requesting proof of liability coverage:** \_\_\_\_\_

**7. Is the entity requesting to be named as an Additional Insured?  Yes  No**

**8. Is the facility the property owner where the event is being held?  Yes  No**

**9. If no, please provide explanation of relationship between your club and the entity requesting the Additional Insured status:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Event Coordinator**

Please fax or email your request to: Fax-515-365-3005 or [Email-plsdsteam@marshpm.com](mailto:Email-plsdsteam@marshpm.com)