

CERTIFICATE OF INSURANCE REQUEST

Thank you for the information regarding your upcoming event requirements. In order to assist us in making the necessary coverage arrangements and meet any proof of liability insurance requirements, please provide the following information:

1. Name of your organization _____
2. Name of the person requesting the certificate _____
3. Your Fax Number or Email address _____
4. Your telephone number _____
5. Date or dates of event _____
6. Description of event? _____

7. Name of Venue where event is being held? (Include street address & postal code.)

8. Full legal name of owner of Venue (if different than above). Please include mailing address with postal code also.

9. Is owner asking to be "Additional Insured"? Yes No
10. Include a copy of written request, copy of rental agreement and/or sample certificate if any of these are provided by owner of Venue.
11. Number of participants expected at the event. _____
12. Age range of participants if this is a Youth/Children's event. _____

Upon receipt of your completed request, we will fax the certificate to your organization within 4 or 5 business days. Please include your fax number! If for some reason there is an EMERGENCY DEADLINE, please fax your request and give us a call to place rush priority on this form.

Thank you!

ROBERTSON  HALL
INSURANCE

Telephone #: (519) 680-3111
Toll Free #: 1-800-640-0933
Fax #: (519) 685-2931
e-mail – churchinsurance@robertsonhall.com