

Request for Certificate of Insurance Chapter/Club Liability Insurance Plan

Name of Association: _____

Name of Chapter, Club, Team or Region: _____

Policy Number: _____

Name and Address of Officer/Member Requesting Certificate: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

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

2. Name of event and your group's function for the event: _____

3. Location of the event: _____

4. Date of the event/function: _____

5. Name of entity (including mailing address) requesting proof of liability coverage:

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

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

8. If no, please provide explanation of relationship between your club and the entity requesting

Additional Insured status: _____

Providing a copy of the contract insurance requirements will help ensure that the Additional Insured is listed correctly.

Signature: _____ Date: _____

Please fax or mail the completed form to Marsh Affinity Group Services

Office Use Only: CG2011 _____ CG2012 _____ CG2026 _____ Proof _____ UW/Date: _____