

## Certificate of Insurance Request Form

<b>Are you a current, active member of your organization?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>
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**\*\*\*This Certificate request form is for professional individuals, clubs, and chapters.\*\*\***

**Name of Organization / Association:** \_\_\_\_\_

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

**Policy Number or Client Number:** \_\_\_\_\_

**Name, Title, & Address of insured/Member Requesting Certificate:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**How would you like the Certificate of Insurance sent to you?**

<b>Fax to:</b> <input type="checkbox"/> <b>Insured:</b> ( ) - _____	<input type="checkbox"/> <b>Certificate Holder:</b> ( ) - _____
<b>Email to:</b> <input type="checkbox"/> <b>Insured:</b> ( ) - _____	<input type="checkbox"/> <b>Certificate Holder:</b> ( ) - _____
<b>Mail to:</b> <input type="checkbox"/> <b>Insured:</b> ( ) - _____	<input type="checkbox"/> <b>Certificate Holder:</b> ( ) - _____

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

**2. Location of the event (Name and Address):**  
\_\_\_\_\_  
\_\_\_\_\_

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

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

# MARSH

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

• Does the additional insured own the event location?  Yes  No

• If no, please provide explanation of relationship between your club and the entity requesting the Additional Insured status:-

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6. With regards to this event is your club/group:

• Sponsoring  Yes  No

• Volunteering  Yes  No

• Participating  Yes  No

7. Please list your/your club's function and/or activities for the event (Explain exactly what your role is with respect to the event. More information is needed other than simply "sponsoring/volunteering):

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• Please explain the Additional Insured's role/actions in the event:

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• Is alcohol being served?  Yes  No

• Is food being served?  Yes  No

• Is this an athletic event?  Yes  No

• Are you using trailers / mobile equipment?  Yes  No

**\*\*\*Important-Marsh is unable to process incomplete and/or unsigned Certificate requests.\*\*\***

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

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

