



Mercer Consumer, a service of  
Mercer Health & Benefits Administration LLC  
PO Box 14575  
Des Moines, IA 50306

### Certificate of Insurance Request Form

<b>Clubs Only:</b>		
Are you a current, active member of your organization?	Yes	No
Name of Organization or Association?		
Club Name?		

- 1. Policy or client number:
- 2. Name, title and address of insured:

- 3a. Phone:
- 3b. Email:
- 4. How would you like the certificate of insurance delivered to you?
  - a. Email
  - b. Mail

- Event Information:
- 5. Name of event:
  - 6. Location of Event (name & address):

- 7. Date of the event(s):
- 8a. Name & address of entity requesting proof of coverage:

- 8b. Is the entity requesting to be named as an additional insured? Yes No
- 8c. Does the entity own the event location? Yes No
- 8d. Explain the additional insured's role/interest in the event:

- 9. Type of event(meeting, musical performance, etc):
- 10. Explain your role/activities with respects to this event.

**Signature:**

**Date:**

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

Mercer Consumer, a service of  
Mercer Health & Benefits Administration LLC  
In CA d/b/a Mercer Health & Benefits Insurance Services LLC  
AR Insurance License #303439 | CA Insurance License #0G39709