

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:

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):

- Please explain the Additional Insured's role/actions in the event:
- 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-Mercer Consumer 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.service@mercer.com