

Attached for your convenience is our updated Certificate of Insurance request form. Please use this version for any and all requests in the future and discard any old forms you may have on file.

Thank you for choosing Marsh US Consumer (Affinity & Private Client Solutions a Service of Seabury and Smith, Inc.).

Certificate of Insurance Request Form

Are you a current, active member of your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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?

Fax to: Insured: (____) - _____ Certificate Holder: (____) - _____

Email to: Insured: _____ Certificate Holder: _____

Mail to: Insured: (____) - _____ Certificate Holder: (____) - _____

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:

****PLEASE ADVISE IF ENTITY IS A CITY, COUNTY OR STATE ORGANIZATION** Yes No

*****IF THE LIMIT OF LIABILITY IS OUTSIDE THE NORMAL LIMITS, (1/MIL PER OCCURENCE/2MIL AGGREGATE) PLEASE INDICATE HERE THE REQUIRED LIMITS** _____

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-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