

REQUEST FOR A CERTIFICATE

Please type or print with ballpoint pen.

Location - means the name of the actual location of the event

Name of the Additional Insured - means the owner or organization of owners who want their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility

(List Name of Federation, Association and Club)

Name of Federation											
Name of Association											
Name of Club		USDA #									
Check who the Certificate is For											
Federation				Association				Club			
Mailing Address is the address that was entered on the enrollment form.											
Mailing Address											
City				State			Zip				
Location of Event											
Mailing Address											
City				State			Zip				
Name of Additional Insured											
Street Address											
City				State			Zip				
Person Requesting Certificate											
Street Address											
City				State			Zip				
Phone				Email							
Send Request to Federation/Association Insurance Chairman:											
Name											
Street Address											
City				State			Zip				
Phone				Email							