

**Certificate of Insurance Request Form**

Date Requested : \_\_\_\_\_ Need by date: \_\_\_\_\_

Club Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**Distribution:**

\_\_\_\_\_ Rush needed within the next 4 hours

\_\_\_\_\_ Fax a copy to Club Fax# \_\_\_\_\_ or Email \_\_\_\_\_

\_\_\_\_\_ Fax to Venue Contact Fax# \_\_\_\_\_ or Email \_\_\_\_\_

**Pertinent information to attach to certificate request to McDonald Insurance Group:**

\_\_\_\_\_ Copy of contract from Venue

\_\_\_\_\_ Copy of Sample Certificate from Venue

\_\_\_\_\_ All Contact information complete

Club Full Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Dates including set up and tear down for event: \_\_\_\_\_

Certificate Holder full name: \_\_\_\_\_

Certificate Holder complete address for mailing the Certificate of Insurance:

\_\_\_\_\_

Venue Contact Name: \_\_\_\_\_

Venue Contact Phone number: \_\_\_\_\_

**EVERYTHING MUST BE COMPLETED ON FORM TO GET A CERTIFICATE OF INSURANCE**