

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