

Policyholder Name/DBA: _____

CERTIFICATE REQUESTS

A Certificate of Insurance is automatically provided to the Named Insured. If no additional certificates are needed, disregard this section. If more than 3 additional certificates are needed, complete more Certificate Request pages.

CERTIFICATES REQUESTED AFTER YOUR APPLICATION HAS BEEN PROCESSED WILL INCUR A FEE OF \$15 PER CERTIFICATE

***If the entity you are requesting a certificate for requires specific wording, additional forms, etc. please include this information with your application.*

Name of Entity: _____

Address of Entity: _____

**Describe what event/activity
this request is for and date(s):** _____

Relationship: ☐ Government/Municipality ☐ Venue/Facility ☐ Beneficiary/Charity
☐ Sponsor/Co-Promoter ☐ Other, please explain: _____

Does entity require Additional Insured status: ☐ YES ☐ NO
If yes, is it required by written agreement, permit or contract? If yes, please provide a copy. ☐ YES ☐ NO

Is a Waiver of Subrogation required*? ☐ YES ☐ NO

Is Primary/Non-Contributory required? ☐ YES ☐ NO

Name of Entity: _____

Address of Entity: _____

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this request is for and date(s):** _____

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