

REQUEST FOR CERTIFICATE OF INSURANCE

(PLEASE COMPLETE FOR LAND/FACILITY OWNERS OR LESSOR/SPONSOR REQUIRING THE CERTIFICATES)

Name of Club _____

Complete Club's Mailing Address: _____

Contact Name _____

Phone Number _____ Fax Number: _____

Need no Later Than: _____ - _____

Is this certificate for a permit Yes _____ OR No _____

CERTIFICATE HOLDER INFORMATION

LAND/FACILITY OWNERS NAME

(Please include any specific wording required)

OR

LESSORS/SPONSORS:

DATES AND TIMES OF EVENT

ADDRESS WHERE THE EVENT IS TO BE HELD:

LAND/FACILITY OWNER OR LESSOR/SPONSOR MAILING ADDRESS:

ATTN: _____

STREET: _____

CITY, STATE, ZIP: _____

Fax Number: _____ E-Mail Address: _____

PLEASE CHECK ONE OF THE FOLLOWING:

PROOF OF COVERAGE ONLY _____ ADDITIONAL INSURED _____

(For Additional insured include a check for \$50.00)

Mail completed form to:

Michael Spotts 2 Kent Rd Bloomsburg, PA 17815
