

INSURANCE CERTIFICATE REQUEST FORM

Please complete a separate form for each certificate requested.

- Property**
- General Liability**
- Automobile**
- Umbrella**
- Workers Compensation**
- Mortgagee**
- Loss Payee**
- Other** _____

INFORMATION ABOUT YOU

Your area office: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact Person (Please print): _____

Signature: _____ Date: _____

INFORMATION ABOUT REQUIRED CERTIFICATE(S)

Name of Event: _____ Date of Event: _____

Location of Event (List street address if available): _____

Type of Event (Run, Bike, Dinner, meeting, etc.): _____

Describe your Participation in Event: _____

Projected number of participants: _____ Number of volunteers working on event: _____

Will alcohol be available Yes No If yes, who will provide/sell: _____

INFORMATION ABOUT CERTIFICATEHOLDER

Full name and address of organization or entity requiring certificate(s)
(We will send certificate **TO YOU**, but must show the following certificate holder address on the certificate):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

What is this organization's involvement in the event? _____

Is this organization requesting to be named as an Additional Insured? Yes No

If yes, Additional Insured wording: _____

Is this organization requesting to be named as a Loss Payee? Yes No

If yes, describe property and provide value: _____

Provide dates you will have property: _____

Any additional information: _____

CONTACT TO FAX OR EMAIL CERTIFICATE(S)

Name: _____

Fax: _____ Email: _____

Fax request to: The Novick Group 301-795-6610

Please allow at least 48 hours to process request.