

# 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.