

# INSURANCE CERTIFICATE REQUEST FORM

Please complete a separate form for each certificate requested.

## **INFORMATION ABOUT YOU**

Insured Name: \_\_\_\_\_

Chapter Name if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Person Completing this Form (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

## **INFORMATION ABOUT REQUIRED CERTIFICATE(S)**

**Landlord**

**Leased Equipment**

Lease/Contract No.: \_\_\_\_\_ Estimated Value of Equipment: \_\_\_\_\_

**Special Event**

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: \_\_\_\_\_

**Please be advised:** Events that involve certain categories of risks (eg., sporting events, golf tournaments, events including children, alcoholic beverages, number of participants, etc.) may be charged an additional premium.

**Other:** \_\_\_\_\_

**INFORMATION ABOUT CERTIFICATE HOLDER**

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? \_\_\_\_\_

\_\_\_\_\_

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

If yes, Additional Insured – exact language as required by certificate holder (if unsure, you may attach assumption of liability documents or contract):

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**CONTACT TO FAX OR EMAIL CERTIFICATE(S)**

Name: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Fax request to: Attn: Certificates – Fax# 301-795-6610**

Or

**Email to: [certificates@novickgroup.com](mailto:certificates@novickgroup.com)**

Please allow at least 48 hours to process request.

