J. C. TAYLOR, INC.

REQUEST FOR CERTIFICATE OF INSURANCE

NAME AND ADDRESS OF CLUB: _____

_____

_____

_____

NAME OF REQUESTING REGION OR CHAPTER:

_____

CLUB CONTACT PERSON FOR THIS EVENT: _____

PHONE NUMBER _____

DATE OF EVENT: _____

APPROXIMATE NUMBER OF
MEMBERS THAT WILL ATTEND _____

TYPE OF EVENT: _____

WILL BLEACHERS BE USED? YES NO
(CIRCLE ONE)

WILL YOU BE SIGNING A LEASE OF PREMISES CONTRACT? YES NO
(CIRCLE ONE)

****IF YES, A COPY OF THE CONTRACT MUST ACCOMPANY THIS REQUEST****

LOCATION OF EVENT: _____

_____

OWNER OF THE PREMISES WHERE THE EVENT WILL BE HELD: _____

_____

CERTIFICATE TO BE MAILED TO: _____

_____

_____

SPECIAL
INSTRUCTIONS: _____

_____

_____