

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_