

J. C. TAYLOR, INC.

REQUEST FOR A CERTIFICATE OF INSURANCE

NAME AND ADDRESS OF NATIONAL CLUB:

NAME OF REQUESTING REGION OR CHAPTER:

CLUB CONTACT PERSON FOR THIS EVENT:

PI-IONE NUMBER:

DATE OF EVENT:

APPROXIMATE NUMBER OF MEMBERS THAT WILL ATTEND:

TYPE OF EVENT:

WILL BLEACHERS BE USED? YES NO (Circle one)

A COPY OF ANY CONTRACT YOU ARE SIGNING MUST ACCOMPANY THIS REQUEST
*******BELOW** MUST INCLUDE FULL PHYSICAL STREET ADDRESSES*****

LOCATION OF EVENT:

OWNER OF THE PREMISES WHERE THIS EVENT WILL BE HELD:

CERTIFICATE TO BE MAILED TO:

SPECIAL INSTRUCTIONS:

THIS FORM SHOULD BE FORWARDED TO THE NATIONAL CLUB HEADQUARTERS FOR APPROVAL AT LEAST ONE MONTH PRIOR TO THE EVENT.

INSTRUCTIONS FOR DELIVERY

FAX: 610-853-3823

MAIL: J.C. TAYLOR INC. 320 SOUTH 69TH STREET UPPER DARBY,
PA 19082 ATTN: TOM MEAKIM or LORETTA DEARING E-MAIL:
tmeakim@jctaylor.com