

SAME INSURANCE CERTIFICATE REQUEST FORM

Please complete a separate form for each certificate requested.

INFORMATION ABOUT CHAPTER

Chapter Name: _____

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: _____

CONTACTS TO EMAIL FINAL CERTIFICATE(S)

Name:

Email:

Name:

Email:

Name:

Email:

Please return completed request to:
SHaney@TheHaneyCompany.com AND Posts@same.org

Note that any additional fees required are the Posts's responsibility.