

# REQUEST FOR A CERTIFICATE OF INSURANCE

Name of Insured: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Certificate Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Any special wording or instructions required for Certificate Holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Detailed Reason for Certificate of Insurance:

Landlord: Name, address, telephone etc. unless same as Certificate Holder:

\_\_\_\_\_  
\_\_\_\_\_

Property Manager: Name, Address, telephone etc. \_\_\_\_\_

\_\_\_\_\_

Equipment Lease: Name & address of Lessor, complete description of equipment with replacement cost value. Lease Number: \_\_\_\_\_

\_\_\_\_\_

Special Event: Name & address of event, complete description of event, will there be alcohol and food, have certificates of insurance been secured from all vendors providing service at your event and have they named YOUR UNION or BUSINESS as an additional insured on their general liability policy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Use a separate sheet of paper if needed for complete descriptions.

Send the Original Certificate of Insurance to (check one). A copy will be sent to the other unless directed not to send:

- Certificate Holder \_\_\_\_\_
- Named Insured \_\_\_\_\_