



Sponsored/Endorsed Events Request for Certificate of Insurance

Event Name: _____

Event Dates: _____ Event Venue: _____

Venue Address : _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Phone Number: _____ Fax: _____

E-Mail Address: _____

Documents Required Per Venue Contract (check all that apply):

Please attach a copy of the contract page that addresses insurance requirements

Proof of Liability Coverage Limits Required: \$ _____ Single Occurrence
\$ _____ Aggregate

Additional Named Insured (there is a charge of \$35 for each additional name added to the certificate)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Other (please specify): _____

Date by which documents are required: _____

Please send documents to:

Primary Event Contact Listed above

E-Mail

Fax

Venue

E-Mail _____ Fax: _____

Please return this completed form to Vickie Iverson at viverson@handbellmusicians.org or fax to Vickie's attention at 937-438-0085. Allow a minimum of 2 weeks for delivery of documents.