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@agehr.org or fax to Vickie's attention at 937-438-0434. Allow a minimum of 2 weeks for delivery of documents.