

Annual Client Request for Certificates

insurevents.com

9841 Airport Boulevard, Suite 1000 | Los Angeles, CA 90045 | 800/279-6540 | 310/216-9152 | Fax: 310/216-9534 | License 0D75425

Your Company Name		Your Policy Number
Your First Name	Your Last Name	Your Email Address
Your Daytime Telephone Number	Your Mobile Telephone Number	Your Fax Number

1st Certificate Request

Event Name or Description		Event Dates	
Facility / Venue Name		Contact Person (First & Last Name)	
Facility Address	City	State	Zip
Facility Telephone Number	Facility Fax Number	Facility Person Email Address	
Facility Additional Insured Wording			

2nd Certificate Request

Event Name or Description		Event Dates	
Facility / Venue Name		Contact Person (First & Last Name)	
Facility Address	City	State	Zip
Facility Telephone Number	Facility Fax Number	Facility Person Email Address	
Facility Additional Insured Wording			

3rd Certificate Request

Event Name or Description		Event Dates	
Facility / Venue Name		Contact Person (First & Last Name)	
Facility Address	City	State	Zip
Facility Telephone Number	Facility Fax Number	Facility Person Email Address	
Facility Additional Insured Wording			

Notes / Special Instructions