

IT IS REQUIRED THAT REQUEST BE SUBMITTED 14 DAYS PRIOR TO EVENT

**NORWICH INSURANCE BROKERS
1129337 ONTARIO INC.**

**13 STOVER STREET NORTH
NORWICH, ONTARIO N0J1P0**

Phone: 519-863-2014 or 800-280-0937

REQUEST FOR CERTIFICATE CHECKLIST

**This form to be used for requests for Certificates of Insurance, it can be emailed to:
Brenda@norwichinsurance.com Rotary C.S.R. (Brenda Webber) or faxed to 519-863-2015.**

ROTARY DISTRICT # _____

THIS IS FOR THE ROTARY CLUB OF _____

CONTACT NAME: _____

MAILING ADDRESS: _____

TELEPHONE # _____ FAX # _____

EMAIL ADDRESS: _____

WHEN IS THE EVENT?

DATES: _____

WHAT IS THE NAME OF THE EVENT? _____

DESCRIBE OPERATIONS: _____

DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL? _____

WHERE IS THE EVENT? _____

WHO IS THE CERTIFICATE HOLDER (WHO has asked Rotary Club for proof of Insurance?)

NAME: _____

ADDRESS: _____

PHONE # _____ FAX # _____

IS THERE ANYONE WHO HAS ASKED TO BE SHOWN AS AN ADDITIONAL INSURED FOR THIS
EVENT?

IF SO, NAME: _____

ADDRESS: _____

PHONE # _____ FAX # _____