



CERTIFICATE REQUEST

Rotary District 5360 & Clubs

Full Rotary Club Name: _____

Rotary Club Mailing Address & Postal: _____

Rotary Contact Person: _____

Phone & Email Address: _____

Event Name, Date(s) & # of Attendees: _____

Address of the Event: _____

Full Name & Address of Organization/Company requesting the certificate:

Full Legal Name: _____

Full Legal Address, including postal code: _____

Do they require to be added as "Additional Insured" with 30 days notice of cancellation? Yes No

Advise the limits/coverage required: _____

Markel Insurance November 1, 2023 – July 1, 2024; renews annually July 1, 2024 – July 1, 2025+

Contact:

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