



**WILSON M. BECK**  
INSURANCE GROUP

**Form C - REQUEST FOR CERTIFICATE**

**This form is to be used for requests for Certificates of Insurance**

**WHENEVER POSSIBLE, PLEASE SUBMIT REQUEST 14 DAYS PRIOR TO THE EVENT**

**Rotary District #**

**THIS IS FOR THE ROTARY CLUB OF** \_\_\_\_\_

**CONTACT NAME(S):** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EFFECTIVE DATES OF EVENT:** \_\_\_\_\_ **TIMES OF EVENT** \_\_\_\_\_ **A.M.** \_\_\_\_\_ **P.M.**

**NAME OF THE EVENT:** \_\_\_\_\_

**LOCATION(S) OF EVENT:** \_\_\_\_\_

**DESCRIPTION OF ACTIVITIES:** \_\_\_\_\_

**WILL THERE BE MUSIC PLAYED, if LIVE BAND, PROVIDE NAME, TYPE OF MUSIC, & IF GRANDSTANDS USED:**

\_\_\_\_\_

**NUMBER OF ATTENDANTS:** \_\_\_\_\_

**DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL** \_\_\_\_\_

**ESTIMATED REVENUE: LIQUOR SALES:** \_\_\_\_\_ **FOOD SALES:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**WHO IS PROVIDING & SERVING THE FOOD/DRINK – NAME(s) & Serve it Right Number:**

\_\_\_\_\_

\_\_\_\_\_

**WHO IS THE CERTIFICATE HOLDER (WHO has asked your Rotary Club for proof of insurance?)**

**FULL NAME:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

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

**IF SO, FULL NAME:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

Please print this application, complete it and fax it or email it back to our office.

If you have any questions or concerns please contact:

The Wilson M Beck Rotary Insurance Team @

rotary@wmbeck.com Tel: 236-425-1770



**WILSON M. BECK**  
INSURANCE GROUP

**Form B—SPECIAL EVENTS QUESTIONNAIRE**  
**RENTED/BORROWED EQUIPMENT & INVENTORY**

**Rotary District #** \_\_\_\_\_

**ROTARY Club Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone Numbers:** \_\_\_\_\_

**Contact Fax Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Description of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Start Time of Event:** \_\_\_\_\_

**Finish Time of Event:** \_\_\_\_\_

**Description of Rented/ Borrowed Equipment** \_\_\_\_\_

ITEM	REPLACEMENT VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Where will the equipment be stored when not being used?** \_\_\_\_\_

**What is the maximum value of inventory (Liquor & Food supplies) that could be on site at any time?** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_ **Contact Person Signature** \_\_\_\_\_

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