**Form C - REQUEST FOR**

**CERTIFICATE OF INSURANCE**

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

**ROTARY DISTRICT #7040**

THIS IS FOR THE ROTARY CLUB OF CONTACT NAME: MAILING ADDRESS: TELEPHONE #: FAX # EMAIL ADDRESS:

DATE(S) OF EVENT:

WHAT IS THE NAME OF THE EVENT? DESCRIBE OPERATIONS: DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL?

LOCATION OF EVENT:

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

FULL NAME: FULL ADDRESS:

TELEPHONE #

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

IF SO, FULL NAME: FULL ADDRESS: TELEPHONE # FAX #

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: McDougall Insurance Rotary Team

jkerr@mcdougallinsurance.com

Tel: 613-966-7001 x1348