



Gallagher

Insurance | Risk Management | Consulting

Form C - REQUEST FOR CERTIFICATE

This form to be used for requests for Certificates of Insurance

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

ROTARY DISTRICT #: 7815

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: _____

TELEPHONE # _____ FAX# _____

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

IF SO, NAME: _____

ADDRESS: _____

TELEPHONE # _____ FAX # _____

Please print this application, complete it and fax it back to our office at (204) 487-0448

Contact: Chris Iwankow or Pat DeGroot Phone: (204) 925-8550

E-mail: chris_iwankow@ajg.com or pat_degroot@ajg.com